BUMEDINST 6320.66B
BUMED-03
3 Nov 97

BUMED INSTRUCTION 6320.66B

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) DoD Directive 6025.13 of 20 July 1995 (NOTAL)
(b) Joint Commission Accreditation Manual for Hospitals, current edition
(c) Joint Commission Ambulatory Health Care Standards Manual, current edition
(d) BUMEDINST 6320.67
(e) SECNAVINST 6401.2A
(f) SECNAVINST 5212.5C
(g) BUMEDINST 6010.13
(h) SECNAVINST 1920.6A
(i) CPI 752 (NOTAL)
(j) OPNAVINST 6400.1A
(k) DODDIR 6040.37 of July 9, 1996 (NOTAL)
(l) SECNAVINST 5720.42E
(m) SECNAVINST 5211.5D
(n) SECNAVINST 1120.6B (NOTAL)
(o) SECNAVINST 1120.8B (NOTAL)
(p) SECNAVINST 1120.12A (NOTAL)
(q) SECNAVINST 1120.13A
(r) NAVMEDCOMINST 7042.1
(s) SECNAVINST 5214.2B
(t) NAVMEDCOMINST 6300.8
(u) DODDIR 5154.24 of October 28, 1996 (NOTAL)
(v) BUMEDINST 6000.2D
(w) BUMEDINST 6010.17A
(x) U.S. Navy Diving Manual, volume I, NAVSEA 0994-LP-001-9010
(y) U.S. Navy Diving Manual, volume II, NAVSEA 0994-LP-001-9020

1. Purpose. To establish policy and procedures for a Credentials Review and Privileging Program for Department of the Navy (DON) fixed and nonfixed medical and dental treatment facilities (MTFs and DTFs), per references (a) through (c) and as part of the DON clinical quality management program. Adverse privileging actions, monitoring and reporting of practitioner or clinical support staff misconduct, and due process (fair hearings and appeals) are in reference (d). References (e) through (y) provide additional guidance. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6320.66A

3. Background. Under reference (a):

a. The Secretary of the Navy (ASN, M&RA) has:

(1) Policy oversight of the Military Health Services System (MHSS) Clinical Quality Management Program (CQMP) within the Department of the Navy (DON).

(2) Recommends changes in the MHSS CQMP to the Secretary of Defense through the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

(3) Ensures that Chief, Bureau of Medicine and Surgery (CHBUMED) complies fully with references (a), (k), and (u).

b. The Chief of Naval Operations and the Commandant of the Marine Corps establish the key elements of a CQMP for those operational air, ground, and fleet clinics that are not accredited by a nationally recognized body like the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

c. Health care provider credentials and privileging activities are a subset of the CQMP.

d. Department of Defense directives, instructions, and memoranda can be found electronically at the internet address, http://web7.whs.osd.mil/corres.htm. Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) policy documents are found electronically at the internet address, http://www.ha.osd.mil/.

4. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care practitioners and clinical support staff (as defined in section 5), who are assigned to, employed by, contracted to, or under partnership agreement with DON activities or who are enrolled in a Navy-sponsored training program.

5. Definitions. See section 5.

6. Authority to Grant Professional Staff Appointments with Clinical Privileges. The Chief, Bureau of Medicine and Surgery, serving as the governing body, as required by JCAHO standards, is designated the corporate privileging authority for all DON practitioners. The following are designated representatives of the Chief, BUMED and are authorized to grant professional staff appointments with clinical privileges:

a. The designated privileging authority for practitioners assigned to fixed MTFs or DTFs is the commanding officer of the treatment facility. The Assistant Chief for Health Care Operations (MED-03) and the Assistant Chief for Dentistry (MED-06) are designated as the privileging authorities for practitioners who are commanding officers of fixed MTFs and DTFs, Dental Battalions (DENBN), and U.S. Navy Dental Commands (USNDC) respectively. Commanding officer privilege request packages are forwarded to Health Care Support Office (HLTHCARE SUPPO) Jacksonville, FL for processing.

b. The designated privileging authority for practitioners assigned to the fleet, excluding the Fleet Marine Force (FMF), is the fleet type commander or fleet dental officer for dentists, or echelon equivalent.

c. The designated privileging authority for practitioners assigned directly to Headquarters, U.S. Marine Corps (HQMC); Commander, Marine Forces Pacific (MARFORPAC) Headquarters; Commander, Marine Forces Atlantic (MARFORLANT) Headquarters; or, I, II, III Marine Expeditionary Forces (MEF) Headquarters, is the Assistant Chief for Health Care Operations (MED-03) and the Assistant Chief for Dentistry (MED-06). Marine Corps practitioners at the Headquarters level, requesting privileges at a treatment facility, shall use the Professional Affairs department in that treatment facility for request coordination. Privilege request packages are forwarded to HLTHCARE SUPPO Jacksonville, FL for processing.

d. The designated privileging authority for practitioners assigned to non-FMF Marine Corps units is the commander or MEF commander exercising authority over the unit to which the practitioner is assigned.

e. The designated privileging authority for all practitioners, except dentists, assigned to a Marine Division (MARDIV), Marine Air Wing (MAW), or Force Service Support Group (FSSG), including the Functional Area Code U (FAC U) health care provider, is the commanding general of the respective MEF. The designated privileging authority for practitioners, except dentists, assigned to FMF units afloat is the MEF commander.

f. The designated privileging authority for dental officers assigned to the FMF is the commanding officer of the DENBN/USNDC to which the dental officer is assigned.

g. The designated privileging authority for practitioners assigned to nonclinical billets, who are authorized by their commanding officer to seek a staff appointment with clinical privileges in a MTF or DTF, is the commanding officer of the MTF or DTF where such health care services are performed.

h. The designated privileging authority for practitioner researchers when practice is limited to a research organization is the commanding officer of the specific research organization. The Director of Research and Development (MED-26) is the privileging authority for practitioner researchers whose commands do not possess the privileging process elements and cannot fulfill the criteria specified in this instruction.

i. The designated privileging authority for inactive naval Reserve practitioners is the Officer in Charge, HLTHCARE SUPPO, Jacksonville, FL, as prescribed in section 4, paragraph 3.

7. Confidentiality

a. All personnel shall comply with reference (k).

b. Credentials and privileging files may appropriately contain documents that are not medical quality assurance records such as criminal investigative reports, indictments, court-martial records, or nonjudicial punishment records. When considering written requests from regulatory or licensing agencies for copies of records that contain such documents, the procedures in reference (m) must be followed to determine that they are releasable.

c. In all disclosures, care must be taken to protect the privacy interests of other providers and the patient following the procedures in reference (l).

d. Requests by regulatory or licensing agencies for information regarding permanent adverse privileging actions or reportable misconduct must be referred to MED-03 (legal).

8. Responsibilities

a. The Chief, BUMED, under the CNO, is responsible for technical professional evaluation and execution of the credentials review and privileging program within the guidelines of this instruction. The Bureau of Medicine and Surgery (BUMED) shall:

(1) Ensure the certifications of professional qualifications required by references (n) through (q) are based on verified credentials documents, so identified in the Individual Credentials File (ICF) and Individual Professional File (IPF).

(2) Establish, in coordination with chiefs of the appropriate corps and the specialty advisors, standardized clinical privilege sheets which prescribe both core and supplemental privileges reflecting currently recognized scopes of care for each health care specialty.

(3) Ensure that privileging authorities, when granting clinical privileges, confirm that the practitioners requesting clinical privileges possess the required qualifying credentials and are currently competent to provide the privileges granted.

(4) Ensure commands that lack either adequate numbers of assigned professional staff or the expertise within the command to meet the requirements of this instruction receive the technical support and assistance necessary for compliance.

b. The Commander, Navy Recruiting Command, per reference (a), shall ensure the requirements of this instruction are met by all commands under his or her cognizance.

c. The Commander, Naval Reserve Force, per reference (a), shall ensure the requirements of this instruction are met by drilling health care providers in the Selected Reserve and the Individual Ready Reserve (IRR).

d. Commanders and commanding officers of MTFs, DTFs, and naval medical research and development organizations are responsible for carrying out the requirements of this instruction per reference (a).

9. Fees. Responsibility for fees associated with obtaining and maintaining basic qualifying licenses or certifications lie with the practitioner. Appropriated funds may be used to pay fees, in advance, for required verifications per reference (r). Section 1096 of title 10, United States Code, provides that when it is necessary for a member of the uniformed services to pay a professional license fee imposed by a government in order to provide health care services at a facility of a civilian health care provider under an external partnership agreement, the Secretary of Defense may reimburse the member for up to $500 of the amount of the license fee paid by the member.

10. Policy. The DON recognizes that the quality of health care services depends on the coordinated performance of clinical and administrative processes. Performance improvement and total quality management in the DON are primary means for ensuring health care quality. The potential consequences of unqualified or impaired health care providers or provider misconduct are so significant that complete verification of credentials and adequate control of clinical privileges is imperative. DoD policy, reference (a), states all licensed, independent health care practitioners shall be subject to credentials review and shall be granted a professional staff appointment with delineated clinical privileges by a designated privileging authority before providing care independently. Practitioners must possess a current, valid, unrestricted licensure or certification, a licensure or certification waiver, or be specifically authorized to practice independently without a licensure or certification or waiver, per reference (e), to be eligible for a professional staff appointment with clinical privileges.

a. Privileging authorities must measure and periodically assess (at intervals not to exceed 2 years) the clinical performance and conduct of all assigned health care providers following this instruction.

b. Privileging authorities must maintain an ICF on all health care practitioners, whether holding a staff appointment with privileges, practicing under a plan of supervision, or enrolled in full-time in-service training, and an IPF on all clinical support staff per this instruction. Additionally, commanding officers of fixed MTFs and DTFs must maintain ICFs and IPFs on health care providers who are assigned to other activities in which there is no designated privileging authority, as designated by the Chief, BUMED. Disposition of ICFs and IPFs shall follow reference (f) and this instruction. Commanding officers must ensure the information contained in the ICFs and IPFs is monitored, continually updated, and reported to the DON Centralized Credentials Quality Assurance System (CCQAS) quarterly, by the first workday of each quarter.

c. Privileging authorities must maintain a mechanism, separate and distinct from the ICF, containing practitioner specific information generated through the organization's performance improvement and quality management activities. This data must include reflected workload (productivity), peer review, outcome indicators, and medical staff performance improvement and quality management activities. The performance appraisal report (PAR),appendix A, for all health care practitioners providing direct patient care services, shall be generated based on this information.

d. Privileging authorities must grant clinical privileges to health care practitioners using standardized, specialty-specific privilege sheets contained in this instruction. These privilege sheets reflect the currently recognized scope of care appropriate to each health care specialty. Commanding officers are to ensure that health care practitioners provide services and treatments consistent with their approved clinical privileges.

e. Eligible health care practitioners are required, upon reporting for clinical duty, to request a professional staff appointment and the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested. Eligible health care practitioners may hold more than one set of privileges if they meet the above requirements. Those who do not maintain required qualifications or do not request such privileges are subject to processing for separation for cause under reference (h) for military personnel, or for administrative action including termination of employment under reference (i) for civilian employees. Commanding officers must ensure practitioners conform to this guidance and must initiate the required administrative action in a timely manner if they fail to do so. Commanding officers have a duty to provide practitioners the resources and training necessary to meet their prescribed responsibilities.

f. Commanding officers must assign clinical support staff clinical responsibilities commensurate with their health status, licensure or certification, education and training, and current competence. Clinical support staff who do not maintain required qualifications or current competence are subject to processing for separation for cause under reference (h) for military personnel or administrative action including termination of employment under reference (i) for civilian employees.

g. Interns may not be granted clinical privileges during their internship. Health care practitioners enrolled in residency or fellowship training programs may not be granted clinical privileges in their training specialty, but may apply for and be granted clinical privileges in a health care specialty for which they are already fully qualified. Granting staff appointments with clinical privileges to residents and fellows should be the exception rather than the rule, should impact upon the training program as little as possible, and should only be considered when the purpose is to maintain clinical competence in operational medicine privileges or to meet an operational mission-essential requirement as determined by the operational unit commander. DON treatment facilities may employ and grant staff appointments with clinical privileges to civilian practitioners who are currently enrolled in graduate medical

education (GME) programs only if the practitioner meets all the following criteria:

(1) They have completed all the clinical requirements of their current program.

(2) Their current training program responsibilities are limited to research activities.

(3) They are seeking employment to maintain their clinical skills.

(4) They have the written approval of their training program director to be employed.

h. Commanding officers must assign nontrainee practitioners, who are required to practice under supervision because they fail to qualify for clinical privileges, duties commensurate with their health status, licensure or certification, education and training, and current competence.

i. Those practitioners who do not qualify for clinical privileges within 1 year may be processed for separation for cause under reference (h) for military personnel, or for administrative action including termination of employment under reference (i) for civilian employees, or under the terms of their contract or agreement for contract or partnership practitioners.

j. Health care providers whose professional impairment or misconduct may adversely affect their ability to provide safe, quality patient care must be immediately removed from direct patient care activities under the provisions of reference (d). This is not only a regulatory requirement, but also a moral and ethical responsibility of the officials involved.

k. Impaired providers, as defined in section 5, paragraph 2, must have their clinical practice reviewed by the executive committee of the medical staff (ECOMS), executive committee of the dental staff (ECODS), or directorate, as applicable.

l. Personnel who by skill designation or job classification and current competence are qualified to provide health care services, but who are not health care providers as defined in section 5, are not authorized to provide care independently, except for independent duty corpsmen providing care under reference (j), diving officers, master divers, diving supervisors, and deep sea diving medical technicians per references (x) and (y). The above are not eligible to participate in the privileging process, but may provide services only under supervision.

m. Commanding officers must investigate, without delay, allegations of health care provider impairment (physical, mental, or professional), misconduct, substandard performance, or moral or professional dereliction, including reportable misconduct, per references (a) and (d).

/S/

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Available from:

http//support1.med.navy.mil/bumed/instruct/external/external/htm

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Section 1

ROLES AND RESPONSIBILITIES

1. General. The corporate responsibility of the Chief, BUMED to establish direction for the DON multi-institutional system in maintaining an effective credentials review and privileging program is consistent with the responsibilities exercised by civilian health care governing bodies. The commanding officers of MTFs and DTFs, fleet type commands (TYCOMs), and FMF commanders serve as extensions of BUMED functioning as regional governing bodies for facilities under their cognizance.

2. JCAHO Requirements. This instruction complies with the governing body and medical staff standards of references (b) and (c).

3. Credentials Review and Privileging Program. All DON organizations providing health care shall establish a credentials review and privileging program per this instruction.

4. Commanders in chief, TYCOMs, commanders, commanding officers

a. Privileging authorities and senior medical department representatives, per reference (a), shall exercise the necessary controls that are considered prudent and reasonable to ensure:

(1) Health care practitioners are appropriately granted staff appointments with clinical privileges.

(2) The quality of health care provided by privileged practitioners and clinical support staff is measured, assessed, and improved.

(3) Health care practitioners practice within the scope of their approved clinical privileges.

(4) Nonprivileged practitioners and clinical support staff are qualified to perform assigned duties.

(5) Nonprivileged practitioners are appropriately supervised.

b. While it is of utmost importance to comply with the guidance in this instruction, the role of the commander or commanding officer is to use the requirements of this program to accomplish the DON mission of providing high quality health care. If good judgement dictates deviation from this instruction, the following guidance is offered:

(1) Be aware of the deviation.

(2) Have a sound, supportable reason for the deviation.

(3) Document the rationale.

(4) Ensure that the quality of care delivered to the patient is not compromised.

(5) Notify MED-03 (clinical management) of the deviation and any other unintended policy effect that constrains the overall mission.

5. The Assistant Chief for Healthcare Operations (MED-03)

a. Has responsibility for administration and technical oversight of the credentials review and privileging program.

b. Serves as the privileging authority for practitioners who are commanding officers of fixed MTFs and HQMC practitioners.

6. The Assistant Chief for Healthcare Operations (MED-03) (Clinical Management)

a. Develops and maintains instructions implementing the DON credentials review and privileging program.

b. Provides policy support and assistance regarding credentials review and privileging.

c. Maintains liaison with external agencies, including DoD, other services, and civilian bodies.

d. Assigns MTFs or DTFs ICF and IPF maintenance responsibilities for health care providers assigned to activities without professional affairs support capability, or outside the DON.

e. Assigns fixed MTFs and DTFs to provide technical assistance for commands without adequate medical or dental staff available to advise the privileging authority.

7. The Assistant Chief for Education, Training, and Personnel (MED-05)

a. Ensures the completeness of the credentials information required, as listed in appendix B, by the Commander, Navy Recruiting Command.

b. Ensures preestablished professional competency criteria are developed for and used by the applicable professional review board in the selection of new accessions as required by references (n) through (q).

8. The Assistant Chief for Dentistry (MED-06)

a. Serves as the privileging authority for practitioners who are commanding officers of fixed DTFs, DENBN, and USNDCs.

b. Provides coordinating action to HLTHCARE SUPPO Jacksonville on staff appointments with clinical privileges for Dental Corps officers who are commanding officers of fixed MTF/DTFs.

9. Assistant Chief for Reserve Force Integration (MED-07) provides coordinating action between HLTHCARE SUPPO Jacksonville and the CCPD for inactive naval Reserves assigned to perform active duty for special work (ADSW) to provide health care services. When orders are cut, the CCPD shall forward a CTB to the gaining command informing MED-07 under separate cover (message, fax, e-mail, or speedletter).

10. The Assistant Chief for Healthcare Operations (Medico-Legal Affairs)

a. Provides oversight and guidance on medico-legal aspects of the credentials review and privileging program with an emphasis on adverse privileging actions per reference (d).

b. Develops and maintains instructions implementing the DON program for monitoring and reporting adverse privileging actions, incidents of reportable misconduct, and separation or termination of employment due to disability of health care providers.

11. Office of the Medical Inspector General (MED-00IG) provides oversight of the credentials review and privileging program, identifies areas that need policy development and identifies undesirable or unintended policy constraints through the inspection process.

12. Fleet commanders in chief, under reference (a) and in conjunction with this instruction, ensure compliance with the credentials review and privileging program by their subordinate commands; and, are hereby authorized to consolidate the technical and administrative support for their subordinate commands at this level. Fleet commanders in chief may elect to have a fleet-wide coordinated credentials review and privileging program to meet operational needs.

13. Fleet type commanders, COMMARFORPAC, COMMARFORLANT, under reference (a) and in conjunction with this instruction, serve as the privileging authority for health care practitioners assigned to commands under their cognizance.

a. Ensure compliance with the credentials review and privileging program by all subordinate commands.

b. Aid effective implementation through education and technical assistance.

14. HLTHCARE SUPPO Jacksonville as the only centralized credentials review and privileging activity for all DON health care providers, is the privileging authority for the Selected Reserves, and maintains Reserve ICFs and IPFs.

a. Coordinates and monitors implementation of the Centralized Credentials Review and Clinical Privileging Program and associated processes for licensed or certified active duty, Selected Reserve, and civilian health care providers within the Navy Medical Department.

b. Provides technical support on credentials review and privileging matters.

c. Implements and maintains the CCQAS database of DON health care providers.

d. Completes National Practitioner Data Base (NPDB) query on appropriate practitioners upon accession, at the 2 year reappointment, or more frequently if indicated.

e. Is the caretaker of ICFs or IPFs of providers transferring to nonclinical billets or administrative duties when their commanding officer is not a PA and they are not going to request privileges locally.

f. Provides coordination and training for professional affairs coordinators to include assistance and guidance associated with the use of current and future program procedures and technology.

g. Maintains liaison with external agencies, including DoD, other services, and civilian institutions regarding credentials and privileging program process issues.

h. Monitors and reports on the medical readiness for all DON active duty and Selected Reserves through the CCQAS database.

15. Commanding officers of fixed treatment facilities

a. Serve as the privileging authority for health care practitioners under their cognizance.

b. Issue local implementing directives. Branch facilities are not expected to have a separate credentials review and

privileging program, but are to participate in the parent command's program. A sample format is included as appendix C.

c. Establish mechanisms to ensure that individual practitioners function within the scope of clinical privileges granted.

16. Commanding officers of the various naval medical research and development laboratories

a. Serve as the privileging authorities for practitioner researchers when practice is limited to the research organization.

b. Establish a credentials review and clinical privileging process per reference (a).

17. The ECOMS and ECODS are required by references (b), (c), (g), and (w) for medical and dental commands, respectively. All other privileging authorities must also provide a mechanism for medical or dental staff involvement in the credentials review and privileging process. This function shall be performed by an ECOMS or ECODS, as applicable, appointed by the privileging authorities designated in paragraph 6 of the basic instruction from among the privileged physicians and dentists under their cognizance.

a. If the professional staff includes nonphysicians or nondentists, representation on the committee from among these practitioners is recommended when matters concerning their peers are under consideration.

b. The chairperson must be a senior member of the professional staff.

c. For small commands, including the operational forces, the professional staff as a whole may serve as and fulfill the functions of the ECOMS and ECODS. This instruction recognizes clearly there are alternative methods of organizing management of operational medical departments to meet operational constraints.

d. Committee membership includes representation from branch clinics and clinical directorates, as applicable and feasible.

e. The ECOMS or ECODS:

(1) Oversee the credentials review and privileging process.

(2) Review and endorses applications for professional staff membership with clinical privileges.

(3) Consider input from all sources, including peer review, concerning the appropriateness of clinical privileges requested by health care practitioners.

(4) Recommend to the privileging authority specialty and facility specific criteria for staff appointments with clinical privileges.

(5) Document committee actions by preparing and retaining minutes which include, but are not limited to:

(a) Convening of meetings.

(b) Meeting attendance.

(c) Recommendations regarding credentials review and privileging actions and justification for same.

(d) Rationale to support recommendations regarding deviations from this instruction as addressed in paragraph 4 of this section.

(6) Oversee the completion and submission of the PAR, appendix A.

(7) Seeks amplification, clarification, and makes recommendations to the privileging authority regarding practitioner professional performance when there is reason to believe the practitioner is not performing within their delineated clinical privileges; not abiding by the policies, procedures and bylaws per reference (y); not practicing within acceptable standards of care.

(8) Ensures professional staff monitoring is performed following references (a), (b), (c), and (g).

(9) Assists in developing, reviewing, and recommending actions on policies and procedures for providing health care services.

(10)Oversee clinical competence.

18. Credentials Committee. In facilities where workload dictates, the commanding officer may delegate credentials review and privileging functions listed in paragraphs 17e(1) through (4) in this section to a separate credentials committee, to serve as a subcommittee of the ECOMS or ECODS. The ECOMS or ECODS retains responsibility for oversight and endorsement of the activities of the credentials committee. The credentials committee membership shall be as follows:

a. The chairperson is appointed by the privileging authority, chosen from among the membership of the ECOMS or ECODS.

b. Members are nominated by the ECOMS or ECODS and appointed by the privileging authority.

c. Only privileged physicians and dentists permanently assigned to the command shall be appointed with the following exception: Inactive naval Reserve and nonphysician and nondentist health care practitioners who have staff appointments at the command are eligible for appointment to the committee to assist in the credentials review and privileging process of their peers. Document all committee actions per paragraph 17e(5) in this section.

19. Professional Affairs Coordinators

a. Are assigned on a permanent or collateral duty basis depending on the workload of the facility.

b. As the technical expert on credentials and privileging issues, renders administrative and clerical assistance to the ECOMS or ECODS and the credentials committee, as applicable. Advises the governing body and leadership on credentials and privileging matters. Large treatment facilities are expected to augment the PAC with clerical assistance plus any professional staff support necessary to comply with program requirements.

c. Maintain ICFs and IPFs, program directives, instructions, forms, credentials committee minutes, and working papers.

d. Interface with outside agencies to obtain required reports, i.e., NPDB queries.

e. Assist in the preparation of committee minutes; processing of privilege and staff appointment application and notification letters and privilege reappraisal documents; verification of credentials information; maintenance of documentation of trends based on performance improvement and quality management activities; and preparation of the peer review panel and appeal process documents.

f. Ensure necessary correspondence, messages, and reports received and transmitted are complete, accurate, and meet the requirements of this instruction.

g. Maintain a tracking system for the internal processing of documents relating to credentials review, staff appointment, and clinical privileges status.

h. Assist in the preparation and annual review of facility specific departmental criteria with appropriate department heads, thus ensuring criteria are appropriate to support the granting of clinical privileges.

i. Submit required information to the HLTHCARE SUPPO Jacksonville.

20. Clinical directors

a. Monitor the credentials review and privileging process within their directorates.

b. Assume department head credentials and privileging responsibilities when their department heads' staff appointments with delineated clinical privileges are being initially granted, renewed, or appraised.

21. Department heads

a. Provide continuing surveillance of the professional performance, conduct, and health status of department staff members to ensure they provide health care services consistent with clinical privileges and responsibilities. They shall also ensure that nonprivileged practitioners, clinical support staff, and other personnel providing health care services in the department are under appropriate clinical supervision.

b. Maintain copies of approved staff appointments with delineated clinical privileges on practitioners assigned to their departments. For nontrainee, nonprivileged practitioners practicing under supervision (i.e. clinical psychologists and social workers who have not fulfilled clinical hours required for degree), the plan of supervision shall be maintained in the department file as well as in the ICF.

c. Recommend departmental, specialty, and facility specific criteria for:

(1) Initial staff appointment with clinical privileges.

(2) Active staff appointment with clinical privileges.

(3) Active staff reappointment, affiliate, or temporary appointments with clinical privileges.

d. Make recommendations for staff appointment with delineated clinical privileges based on the applicant's professional qualifications (health status, current competence, verified licensure, education, and training, and NPDB query).

e. Use practitioner-specific results of performance improvement, quality management and risk management monitoring activities when making recommendations for professional staff appointments with clinical privileges.

f. Monitor performance improvement, quality management, and medical staff activities for individuals assigned to their department, using information received from command's information management system, to complete PARs, appendix A, as described in section 2.

22. Individual health care providers

a. Practitioners must initiate an application for membership to the professional staff and request the broadest scope of privileges commensurate with their professional qualifications, level of current competence, and the facilities ability to support them. Those who fail to maintain qualifications or do not request such privileges are subject to processing for separation for cause under reference (h) for military personnel, or for administrative action including termination of employment under reference (i) for civilian personnel.

b. Practitioners must comply with applicable professional staff policies, procedures, and bylaws per reference (w) of the MTF or DTF.

c. Providers are responsible for ensuring the accuracy and currency of all credentials and privileging information reflected in his or her ICF or IPF; e.g., licensure status, board certification, and privilege status at other facilities.

d. Providers must immediately inform the holder of their ICF or IPF of any change in status of any professional qualification, including health status, which could impair their ability to provide safe, competent, authorized health care services.

e. Providers must perform health care services within the scope of either the privileges granted by the privileging authority, the assigned clinical responsibilities in the case of clinical support staff, or the written plan of supervision for those practitioners required to practice under supervision.

f. Providers must participate in professional education programs leading to improved clinical performance and contingency preparedness.

g. Providers must actively support and participate in the facility performance improvement and quality management activities.

Section 2

PROCEDURES AND REQUIREMENTS FOR AUTHORIZING, DEFINING, AND APPRAISING THE SCOPES OF CARE PROVIDED BY HEALTH CARE PRACTITIONERS

1. General. All health care provided by health care practitioners must be specifically authorized and periodically appraised following this section. Commanding officers must not permit practitioners to diagnose, initiate, alter, or terminate regimens of health care, independently or under supervision, except as provided for in this instruction.

a. The authority for practitioners to independently diagnose, initiate, alter, or terminate regimens of health care is conveyed only through the issuance of professional staff appointments, i.e., appointment or reappointment to the medical or dental staff. A professional staff appointment requires the practitioner to adhere to the professional staff policies, procedures, and bylaws per reference (w), of the facility, and the code of professional ethics of their profession. Professional staff appointments must be accompanied by delineated clinical privileges defining the scope and limits of practice authorized. The procedures and requirements of this section are intended to comply with the intent of the standards for professional staff appointments of the JCAHO, references (b) and (c).

(1) The privileged practitioners at a MTF or DTF constitute the professional staff and are defined as the medical or dental staff, respectively. Professional staff appointments will be referred to as medical staff appointments or dental staff appointments as applicable to the treatment facility; e.g., a dentist appointed to the professional staff of a MTF is granted a medical staff appointment.

(2) The medical or dental staff appointment type reflects the relationship of the provider to the medical or dental staff. A professional staff appointment may not be granted in the absence of the granting of clinical privileges.

(3) Professional staff appointments with clinical privileges may only be granted or renewed by the privileging authorities designated in this instruction. Privileging authorities will grant professional staff appointments with clinical privileges to practitioners only after consideration of the practitioner’s verified license status, current competence, professional education and training, past professional performance, health status and results of the NPDB queries. Periods of clinical inactivity greater than 2 years constitute evidence of a lack of current competence unless information to

the contrary is provided. The ability or capacity of the MTF or DTF to support the clinical privileges requested and the health care demands placed on the treatment facility must also be considered when granting or renewing professional staff appointments.

(4) Practitioner eligibility for professional staff appointments and reappointments with clinical privileges is based on the practitioner meeting predetermined department, specialty, and facility specific criteria developed by the department head, endorsed by the ECOMS or ECODS, and approved by the privileging authority.

(5) Professional staff appointments terminate upon the practitioner's detachment from the command incident to PCS, release from active duty (RAD), termination of employment or contractual agreement, facility closure or retirement.

(6) Detailed procedures for adverse termination of professional staff appointments, suspension, denial, limitation, or revocation of clinical privileges due to substandard care or misconduct are described in reference (d).

(7) Care must be taken to ensure initial and active staff appointments are not allowed to lapse. Should this occur, the privileging authority must prepare a letter to the practitioner, with a copy filed in the ICF, addressing:

(a) Inclusive dates of the lapse.

(b) Administrative, nonadverse nature of the lapse. If the lapse is noted during application processing, address the lapse in the comments section of the privileging authority's endorsement on the application.

b. Health care provided by practitioners in full-time inservice training programs must be appropriately supervised. The authorized scope of care for practitioners enrolled in inservice training programs must be defined for each trainee-year level by program directors at each MTF or DTF, using criteria endorsed by the executive committee for graduate medical education and approved by the commanding officer. The criteria used must specifically address the treatment facility, training program, year level, scope of care, evaluation criteria, frequency of evaluations, and supervision of the practitioner trainees.

c. The provision of health care by nonprivileged, nontrainee practitioners must be authorized and defined by a command approved plan of supervision, specific to the practitioner, that contains the following elements:

(1) Scope of care permitted.

(2) Level of supervision, as defined in section 5, to be imposed. The level of supervision imposed is the prerogative of the practitioner's commanding officer or officer in charge, unless that authority is specifically delegated to the department head by the commanding officer or officer in charge.

(3) Identification of supervisor.

(4) Evaluation criteria.

(5) Frequency of evaluations.

d. Practitioners who have been clinically inactive for more than 2 years are, in due consideration for patient safety, presumed not currently competent and must undergo a period of practice under supervision. Practice under supervision is to be guided by a written plan, described above. A practitioner who has practiced under a plan of supervision, and otherwise meets the criteria for an active staff appointment, may be granted an active staff appointment without first receiving an initial staff appointment.

e. Once granted an initial, active, or affiliate staff appointment with clinical privileges by a privileging authority designated in this instruction, a practitioner is eligible to provide health care services at all other DON treatment facilities using the CTB. Compliance with this instruction results in each practitioner having a single privileging authority.

2. Clinical Privileges. Clinical privileges define the limits of patient care services that a practitioner may render. Privileges may be granted with or without an accompanying appointment to the medical staff. Except as noted below, clinical privileges are delineated using the clinical privilege sheets in appendices E through H. Practitioners apply for privileges using the privilege sheets applicable to their basic specialty; e.g., neurosurgeons use the neurosurgery privilege sheets, general dentists use the general dentistry privilege sheets, and general surgeons use the general surgery privilege sheets. Practitioners who are fully trained in more than one specialty, e.g., subspecialists or dual-trained individuals, are eligible to apply for privileges using all applicable privilege sheets. Practitioners applying for privileges under a contract or partnership agreement to perform health care services in only one department are granted privileges consistent with their current competence, license status, education and training, health status, the scope of care provided in the department, and the scope of care delineated in the contract or agreement. For

example, a general surgeon also qualified as a primary care physician who is contracted to perform health care services only in an emergency room should seek and normally be granted primary care privileges only. Additional emergency medicine privileges, with current competency, can be either itemized or added as supplemental to the primary care core list.

a. The DoD has issued policy guidelines regarding privilege categories: Regular privileges-granting permission to independently provide medical care for a period not to exceed 24 months; temporary privileges-time limited, rare, granted for a pressing patient need; and, supervised privileges (plan of supervision)-used to identify nonlicensed or noncertified providers who can not practice independently.

b. Each of the specialty-specific privilege sheets in appendices E through H contains two categories of privileges, core and supplemental.

(1) Core privileges are defined as those privileges which, as a group, constitute the expected baseline scope of care for a fully-trained and currently competent practitioner of a specific health care specialty. Core privileges must be applied for and granted as a single entity. Because core privileges constitute a representative baseline scope of care, not all privileges in the core are required or expected to be exercised at all times in every facility. Privileges per reference (b) and (c) must be relevant to a given facility. Privileging authorities must inform practitioners in a timely manner of any facility-specific policies or procedure restrictions which preclude providing the health care services defined by core privileges. These facility privilege restrictions (limitations) must be annotated by two asterisks (**) on the core privilege sheet. The asterisks denote that the facility cannot support that skill. The core privilege sheets are not to be modified locally. Changes to the core privilege sheets can be made only by the Chief, BUMED, following review by the appropriate specialty advisor and chief of the appropriate corps. Criteria, including education and training requirements, for the granting of core privileges are contained in appendices E through H.

(2) Supplemental privileges are itemized, facility-specific privileges that are relevant to the specific health care specialty, but lie outside the core scope of care due to the level of risk, the requirement for unique facility support staff or equipment, or being too technically sophisticated or new to yet be included in the core scope of care. Supplemental privileges can be requested and granted on an item-by-item basis. It is required that the provider must write yes or no by each supplemental privilege on the privilege sheet using predetermined department, specialty-specific criteria. These criteria must be

developed by the department, endorsed by the ECOMS or ECODS, and approved by the privileging authority. The supplemental privilege lists may be modified locally to reflect the scope of care that the facility can support and expects to provide.

(3) In instances where the expected scope of care is very limited or significantly less than the full core privileges level, or when there is reason to believe the applicant for privileges may not be qualified for the full core, privileges applied for and granted may be delineated through the use of a locally-generated, itemized listing of diagnostic and treatment procedures. Such itemized privileges are not corporate in nature and thus are not transferrable within the DON health care system. The granting of staff appointments with itemized delineated privileges (less than the core privileges) should be a transitional procedure, except for positions or contracts that specifically call for very narrow scopes of care. The goal should be to grant core privileges to as many practitioners as possible, including, particularly, inactive naval Reservists whose current competence for core privileges may be determined solely through an assessment of performance improvement and quality management activities related to their civilian practice. Examples of situations where using itemized listings to delineate clinical privileges may be appropriate include, but are not limited to:

(a) When practitioners report for duty whose previous privileges were less than the core for their specialty.

(b) When granting a practitioner a very limited scope of care; e.g., contract or civilian practitioners whose contracts or position descriptions define a scope of care significantly less than the applicable core.

(c) When privileging practitioners following a period of clinical inactivity greater than 2 years.

(d) When privileging foreign national local hire (FNLH) practitioners as described below.

c. FNLH practitioners may apply for and be granted medical or dental staff appointments with clinical privileges if they possess a current, valid, unrestricted license (or the equivalent) to practice their specialty granted by the country in which the MTF or DTF is located. The staff appointments with clinical privileges granted to FNLH practitioners are specific to the local granting facility and are not corporate in nature; i.e., they cannot be used to practice at other DON treatment facilities. This limitation is not intended to reflect adversely on the competency of FNLH practitioners; however, the

requirements of the status of forces agreements preclude imposing additional privileging requirements on FNLH practitioners.

d. Canadian practitioners who have graduated from an accredited Canadian medical school, and hold a Licentiate of the Medical Council of Canada, are accepted as equivalent to the Accreditation Council for Graduate Medical Education (ACGME) accredited graduate trained in a U.S. hospital. They may apply and be granted core or supplemental privileges upon receipt of a State license.

e. Practitioners, to the degree permitted by their license, training, the law, or DON rules and regulations, are authorized and expected to render such care as is necessary to save the life or protect the welfare of individuals in an emergency situation. Accordingly, emergency privileges are automatically awarded to practitioners by virtue of their staff appointment, negating the need for individual or specific delineation of emergency privileges. The provision of this paragraph does not negate the requirement for practitioners assigned to provide emergency care services to hold appropriate clinical privileges or be appropriately supervised if practicing under supervision.

3. Application for Initial Appointment with Clinical Privileges. Whenever practitioners apply for a staff appointment with clinical privileges they must be briefed on the local credentials review and privileging program by the prospective department head. The PAC provides the applicant with a staff appointment and clinical privileges application package, including at a minimum, a personal and professional information sheet (PPIS), appendix J, an application for staff appointment with clinical privileges, appendix K, and the applicable privilege sheets. The applicant is provided copies of, or access to, and agrees in writing to abide by the local credentials review and privileging directive, the professional staff policies, procedures, and bylaws per reference (w), and if applicable, a code of ethics. The code of ethics may be included as a component of the staff policies and procedures. The applicant shall submit a signed statement pledging to ensure or provide for continuous care of his or her patients.

a. Applicants for initial staff appointment (their first application within the Navy health care system) must complete each section of the PPIS, appendix J, at the time of application. If a section is not applicable, enter N/A. The PPIS must identify the treatment facility and must be signed and dated by the practitioner.

b. Applicants request delineated clinical privileges using the applicable privilege sheets with the assistance of their department head; the department head shall be guided by the

predetermined specialty-specific criteria. Requested privileges, modified and granted to meet and conform to the specific health care delivery demands and capabilities of the facility, are not to be construed as adverse as defined in reference (d).

c. The PAC and the department head compare the information provided through the application process with the applicant's ICF or the CTB, confirming the presence and verification of all required documentation. All documentation discrepancies require satisfactory resolution. If the applicant does not have a Navy ICF, one must be generated per section 4.

(1) For practitioners reporting from DON treatment facilities, the applicant's detaching PAR, appendix A, serves as a letter of reference from and evidence of demonstrated competence at the detaching treatment facility.

(2) For new accessions, recalls to active duty, inter-service transfers, Navy Active Duty Delay Specialists (NADDS), and full-time outservice (FTOS) trainee practitioners, the application information is compared to the credentials information forwarded by BUMED.

(3) All Selected Reserve practitioners, including direct accessions, shall apply to the CCPD, HLTHCARE SUPPO Jacksonville for an initial staff appointment with clinical privileges.

(4) For civil service, contract, and partnership practitioners entering the DON system, the application information is compared to the complete, verified credentials information obtained for inclusion in the practitioner's ICF before employment or contracting.

(5) Appendix O provides a sample format for requesting information required to assess the current competence of applicants from agencies or treatment facilities outside the DON system.

d. References (a) through (c) require the health status of applicants for staff appointments be considered at the time of appointment to determine if any contraindications exist. The department head must document that the physical and mental health status of the applicant was considered during the application process as part of his or her endorsement for staff appointment. Health status consideration by the department head and other parties may be accomplished through a variety of means, including, but not limited to, review of:

(1) A statement from the applicant's physician or a report of a physical examination indicating that the applicant is free of mental or physical impairments.

(2) The applicant's statements regarding health status on the application for privileges and the PPIS, including updates.

(3) The PARs from previous commands.

(4) Responses to requests for credentials and privileging information from institutions or agencies external to the current treatment facility.

4. Granting of Initial Staff Appointments. Practitioners applying for staff appointment and clinical privileges who are new to the Navy health care system or who, although clinically active elsewhere, have not held an active staff appointment, granted under the provisions of this instruction within the last 2 years, must first be granted an initial staff appointment. The initial staff appointment period is intended to provide an opportunity for the practitioner to demonstrate to the privileging authority an understanding of and compliance with the facility's policies, procedures, and bylaws per reference (w), and to demonstrate current clinical competence in the requested clinical privileges as compared against predetermined department- and facility-specific criteria. Practitioners who have been clinically inactive for more than 2 years are, in due consideration for patient safety, presumed not currently competent and must undergo a period of practice under supervision. Practice under supervision is to be guided by a written plan, described in paragraph 1 of section 2. A practitioner who has practiced under a plan of supervision, and otherwise meets the criteria for an active staff appointment, may be granted an active staff appointment without first receiving an initial staff appointment.

a. Initial staff appointments with clinical privileges are granted by the privileging authority:

(1) After review of the applicant's credentials (professional education and training, license status and history, consideration of health status, NPDB query, and current clinical competence) has been completed. There will be credentials that cannot be primary source verified due to medical school closures, destruction of documents, etc. In these cases, every attempt must be made to primary source verify the credential. If unable to verify, a memo must be placed in the ICF, where the document is or would have been, with all appropriate information, i.e., person or organization contacted with their title, date, phone number, why credential cannot be verified, and any additional information. At this point the ICF is considered complete, with regard to this information, and may be forwarded for action.

(2) After endorsement, at a minimum by the applicable department head, of the practitioner's application for staff

appointment with delineated clinical privileges, the privileging authority may require additional endorsements.

(3) For a period not to exceed 1 year.

(4) In writing. A sample format is provided in appendix K. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

(5) Selected Reserve practitioners and providers are required to maintain and submit copies of current evidence of BLS (BCLS) or ACLS certifications to the privileging authority. Credentialing and privileging activity may be delayed and the inter-facility credentials transfer brief (CTB) may not be released to gaining activities if current evidence of BLS or ACLS contingency training cannot be demonstrated. For additional Reserve practitioner requirements, refer to section 4 of this instruction.

b. After the practitioner has been granted an appointment, upon receipt of orders indicating imminent deployment, the PAC shall prepare a CTB generated from the centralized computer data base, and forward it to the contingency assignment. A copy of the current CTB shall be maintained in section II of the ICF.

c. The privileging authority must assign a proctor, usually the department head, to monitor the professional conduct and clinical performance of each practitioner with an initial staff appointment. The proctor assists the department head in the preparation of the PAR, appendix A, before the expiration of the initial staff appointment. The proctor’s monitoring activities vary with the scope of privileges granted and may include, but are not limited to:

(1) Review of ongoing monitoring and evaluation activities conducted as part of the facility’s performance improvement and quality management program.

(2) Additional record reviews above and beyond the scope of ongoing monitoring and evaluation activities.

(3) Direct or indirect observation.

d. When, as determined by the practitioner’s department head, the provider has demonstrated clinical competence and compliance with the policies, procedures, and bylaws per reference (w), and has met the applicable criteria for staff appointment and clinical privileges, the department head forwards a completed, endorsed PAR. The PAR is forwarded with the

application for active staff appointment with clinical privileges at least 60 days before the expiration of the initial staff appointment.

e. For practitioners not assigned, employed, or contracted to a MTF or DTF full-time, it may be difficult to satisfy the clinical workload criteria required to qualify for an active staff appointment. In cases where the practitioner is providing health care at civilian treatment facilities during the initial appointment period, it is both appropriate and recommended to solicit and consider clinical performance information from these other facilities in determining current clinical competence, using a format similar to appendix O.

f. The practitioner is not required to complete the entire initial appointment period if demonstrated competence justifies an earlier active staff appointment. The practitioner, in consultation with the department head, must submit an application for active staff appointment, appendix K, when the criteria for clinical privileging and active staff appointment are met.

g. The initial staff appointment period is a period of independent practice, not a period of practice under supervision. However, the degree and intensity of surveillance, monitoring, and oversight required during the initial (provisional) appointment period is that required to ensure patient safety while evaluating the practitioner’s current clinical competence. Activities designed to ensure patient safety while evaluating the practitioner’s competence are not to be construed as adverse privilege actions.

5. Granting of Active Staff Appointments

a. Active staff appointments are granted under any one of three circumstances:

(1) After an initial appointment period, requiring endorsement by at least the department head, ECOMS or ECODS, and the privileging authority.

(2) After a period of practice under a plan of supervision during which all of the preestablished criteria for an initial staff appointment have been met.

(3) Upon reporting to a new assignment after having held an active staff appointment within the previous 2 years at another Navy medical or dental treatment facility, requiring the endorsement of only the department head and the privileging authority. Additional endorsement requirements may be imposed by the local privileging authority.

b. The privileging authority must grant an active staff appointment with delineated clinical privileges:

(1) Upon receipt of the practitioner's application for an active staff appointment.

(2) Following a review of the ICF to determine current clinical competence, demonstrated within the preceding 2 years, supported by practitioner-specific data and information generated by organizational performance improvement and quality management activities during the initial staff appointment.

(3) Following an interview with the practitioner, by the department head, to discuss the applicant's qualifications; local policies and procedures; the applicant's requested privileges; any facility limited privileges; and, the ability to perform requested privileges (health status).

(4) Following a review of the endorsements on the practitioner's application by the department head, directorate (if applicable), credentials committee (if applicable), and ECOMS or ECODS, using the appropriate endorsement page in appendix K.

(5) In writing. Appendix K is a sample format. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

(6) For a period not to exceed 2 years.

6. Renewal of Staff Appointments with Clinical Privileges. Practitioners with active staff appointments should apply for reappointment to the professional staff and renewal of clinical privileges at least 60 days before the expiration of their current appointment using a format similar to appendix K. Requests for renewal of staff appointments should include any proposed modifications to the practitioner's current clinical privileges. Applicants who have previously been granted an active staff appointment with clinical privileges need only update the information provided in the original PPIS, using a new PPIS form. Do not alter or modify original or previous forms. The application must identify the treatment facility and be signed and dated by the practitioner.

a. Reappointment is based on reappraisal of the practitioner's credentials (verified license and required certifications, professional performance, performance improvement and quality management information, results from NPDB query, judgement, clinical or technical skills, and health status) using predetermined department, specialty-specific criteria. At the

time of reappointment, and at the time of renewal or revision of clinical privileges, current license is confirmed with the primary source or by viewing the practitioner's license.

b. Evaluation of practitioner-specific data and information generated by organizational performance improvement and quality management activities are prime importance; and, it is imperative in the assessment of current competence to justify reappointment to the medical or dental staff and renewal of clinical privileges. In cases where the practitioner is providing health care at civilian treatment facilities during the appointment period undergoing appraisal, it is both appropriate and recommended to solicit and consider clinical performance information from these other facilities in determining current clinical competence, using a format similar to appendix O. Competency management is a medical/dental staff function.

c. The practitioner's department head, or the operational equivalent, must submit a PAR in support of reappointment to the staff and endorse the practitioner's application.

d. Both the practitioner's application and the PAR, with the department head's endorsement, are reviewed and subsequently endorsed by the directorate, credentials committee, and ECOMS or ECODS before approval by the privileging authority. The reappointment shall be granted:

(1) For a period not to exceed 2 years.

(2) In writing. Appendix K is a sample format. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

7. Modifications of Clinical Privileges. Forward requests to modify previously approved clinical privileges to the privileging authority via the department head, directorate, credentials committee, and ECOMS or ECODS. Modification examples: (1) add or delete supplemental privileges to an existing core, (2) add delete itemized privileges to an existing itemized list; (3) add or delete a core in entirety.

a. Requests must include supporting documentation. Improved or new skills qualifying a practitioner for an augmentation in clinical privileges may be acquired through practice under the supervision of a practitioner privileged in the new procedure or through inservice or outservice education or training.

b. Modifications to clinical privileges do not alter the expiration date of the practitioner's current staff appointment.

c. Requests to voluntarily withdraw core clinical privileges become effective upon approval by the privileging authority to correct administrative errors. Requests for voluntary withdrawal of core clinical privileges must not be accepted or acted upon if the practitioner is the subject of allegations of substandard care or misconduct or for any other reason except to correct administrative errors.

8. Privileging Trainees on Completion of Full-Time Inservice Training Programs. Within our multi-institutional system, demonstrated current competence is implicit in successful completion of a Navy internship, residency, or fellowship program. Concurrent with successful completion of a Navy postgraduate training program and licensure, the practitioner must be granted an active staff appointment with, at the minimum, core privileges specific to the training specialty; e.g., core privileges in operational medicine and primary care medicine for internships and core privileges in general surgery for general surgery residencies. Unlicensed practitioners may not be granted clinical privileges unless a waiver is obtained. To maximize the functionality of multi-institutional privileging, all Navy Medical Department training related to privileging must ensure compliance with the following procedures:

a. Ninety days before the completion of the training program, the trainee must apply for an active staff appointment with clinical privileges for the specialty in which he or she is receiving training, using appendix K. The active staff appointment with clinical privileges shall be granted concurrent with the completion of the training program and for a period not to exceed 2 years.

(1) Because trainees are monitored and supervised throughout their training programs, an initial staff appointment is not required; i.e., the appointment granted must be an active staff appointment.

(2) The formal appraisal of the trainee’s current clinical competence is initiated by the program director using a PAR, at least 90 days before the completion of the training program. This PAR shall serve not only as an evaluation tool for the end of the training program, but also as evidence of current competence for the trainee’s next duty station.

b. Upon reporting for post-training duty, the licensed practitioner is eligible for an active staff appointment with, at the minimum, core clinical privileges.

9. Privileges for MTF, DTF, MARFORPAC, MARFORLAT, HQMC, DENBN, or USNDC commanding officers

a. Practitioners who are commanding officers are not to provide health care services independently unless appointed to the medical or dental staff. Commanding officers may not grant professional staff appointments to themselves.

b. Commanding officers must apply for staff appointments with clinical privileges, using the following procedures:

(1) Follow the same procedures currently required for granting appointments to other practitioners assigned to the command in the same professional category, through completion of the endorsement by the chairperson of the ECOMS or ECODS. Leave the commanding officer's signature block on the endorsement page blank.

(2) After the chairperson of the ECOMS or ECODS completes the endorsement on the application and PAR, forward the following documents to HLTHCARE SUPPO Jacksonville. Retain copies of any originals forwarded.

(a) A copy of the practitioner's completed and verified ICF (to include recent NPDB query).

(b) The original, current application, including the ECOMS or ECODS endorsement page, requested privilege sheets, and updated PPIS.

(c) The original, current PAR or the last PAR completed by the commanding officer's last duty station, including the evaluation of provider-specific data and information generated by organizational performance improvement and quality management activities, if the application is based on an active staff appointment granted by the last duty station.

(d) Documentation of current competency if the application is for an initial active staff appointment or a reappointment. The PAR is the competency statement concerning the provider's clinical proficiency.

(e) A copy of the department, specialty-specific staff appointment and clinical privileging criteria.

(f) A copy of the relevant sections from the ECOMS or ECODS minutes, and credentials committee minutes when a credentials committee has been appointed, addressing the commanding officer's application for staff appointment.

(g) HLTHCARE SUPPO, Jacksonville processes commanding officer privilege requests for the PA.

c. The privileging authority, the Assistant Chief for Health Care Operations (MED-03) or Assistant Chief for Dentistry (MED-06), as applicable, shall indicate an appointment decision by signing and dating the endorsement page.

d. The completed application, PAR, ICF, and related documentation shall be returned for retention and maintenance by the command's professional affairs staff.

e. HLTHCARE SUPPO Jacksonville shall retain a copy of the completed application and PAR.

f. Renewal requests must have the documentation listed in paragraph 9b(2) forwarded to HLTHCARE SUPPO Jacksonville no less than 60 days before the practitioner's current appointment expires.

10. PCS Transfer

a. Practitioners reporting for permanent duty who previously held active staff appointments with, at the minimum, core clinical privileges, are eligible for active staff appointments with clinical privileges at the gaining command without repeating an initial staff appointment period under the following conditions:

(1) The time since the expiration of the practitioner's last active staff appointment with clinical privileges does not exceed 2 years.

(2) The most current PAR verifies demonstrated current competence for the privileges requested. The PAR must specifically address, in sections X and XI, the current clinical competency of all supplemental privileges granted.

b. For supplemental privileges, the practitioner must meet the privileging criteria relevant to the requested supplemental privileges at the gaining command. Denial of supplemental privileges at the gaining command for any of the following reasons is not an adverse privileging action:

(1) Failure to meet the privileging criteria for supplemental privileges at the gaining command.

(2) The inability of the gaining MTF or DTF to support the supplemental privileges due to facility restrictions, lack of support staff, or equipment.

(3) The health care demands placed on the MTF or DTF dictate that the practitioner's assigned clinical duties shall not include the requested supplemental privileges.

11. Health Care Services Provided at Other DON Treatment Facilities

a. There are circumstances when a practitioner holding an active staff appointment with at least core clinical privileges or when a clinical support staff member expect to perform health care services at a treatment facility not under the cognizance of their current privileging authority. Examples are: temporary additional duty (TAD), additional duty (ADDU), annual training (AT), active duty training (ADT), inactive duty for training travel (IDTT), ADSW, or the voluntary provision of health care services. The following procedures apply in those situations:

(1) The holder of the practitioner's ICF informs the gaining privileging authority of the practitioner's current credentials and staff appointment with clinical privileges using a message, e-mail, FAX, speedletter, or NAVGRAM in the appendix N, CTB format. The practitioner requests authority from the privileging authority of the gaining treatment facility, using a letter, message, e-mail, FAX, speedletter, or NAVGRAM in the appendix Q format, to exercise his or her current privileges within the gaining facility. The CTB, appendix Q, and all related documentation are to be maintained in a file folder in the gaining facility's professional affairs office. This file is not, nor is it to be converted into, an ICF, see section 4.

(a) No application for privileges is necessary at the gaining facility. When practicing under the provisions of this paragraph, the practitioner functions as a member of the professional staff and participates fully in the gaining command's performance improvement and quality management program.

(b) The document granting the practitioner authority to practice should address any supplemental privileges currently held by the practitioner that cannot be supported by the gaining command by reason of facility or support staff limitations.

(c) If a temporary or AT, ADT, or ADSW assignment requires a practitioner to perform privileges not currently held, but for which the practitioner potentially meets the gaining facility and department privileging criteria, the practitioner may apply and be authorized to exercise the privileges at the gaining facility. Since each practitioner has only one privileging authority at any given time, the gaining facility must recommend and provide justification for augmentation of the practitioner's current privileges. The gaining command may then grant the practitioner's facility-specific, supplemental privileges, and must inform the practitioner's privileging authority of the action taken. The gaining command's documentation of competency, education and training, and justification for granting the supplemental privileges, shall be

forwarded to the privileging authority for inclusion into the ICF. For example, an oral/maxillofacial surgeon, whose primary assignment is at a dental clinic, wants to maintain overall surgical competency by performing oral and maxillofacial surgery procedures at a local naval hospital. The dentist would request appropriate clinical privileges at the naval hospital; and, the naval hospital would grant the privileges. The hospital would inform the dentist's privileging authority these privileges had been granted, and forward the appropriate documentation for inclusion in the provider's ICF being maintained at the dental clinic.

(2) The holder of the clinical support staff member's IPF informs the gaining commanding officer of the member's education and training and license status using a message, e-mail, FAX, speedletter, or NAVGRAM in the appendix N, CTB format, paragraphs 1, 2, 3, 5, 6 (modified to address practice areas in which the member is currently competent, such as general medical-surgical nursing), 9 (modified to address current competency); and, 10 (modified to read IPF vice ICF).

b. A practitioner is eligible to exercise privileges at all DON MTFs and DTFs as long as their staff appointment with clinical privileges is not currently restricted, has not expired or been terminated, and the practitioner meets the privileging criteria at the gaining command. The expiration date of the practitioner's current appointment is indicated on the CTB. If supplemental privileges are expected to be exercised at the gaining facility, communication between the gaining and parent facilities will be necessary to ensure the practitioner can meet the gaining facility's specialty-specific privileging criteria for any supplemental privileges.

c. Upon completion of duty for periods exceeding 4 continuous days, a PAR shall be completed and forwarded for inclusion in the practitioner's ICF.

d. When the practitioner provides recurring services at another treatment facility, the CTB is valid for the tenure of the practitioner's current staff appointment at the parent facility. A single PAR, covering the multiple duty periods, must be completed at the end of the last duty period and when the parent facility requests one be submitted as part of the privilege reappraisal process.

e. Practitioners holding initial staff appointments are not to be assigned duty to other facilities as a general rule. However, circumstances may arise that require exception to this rule; e.g., operational requirements; temporary relief of a single practitioner assigned to an overseas, remote, or small facility; or to maintain outpatient support at nearby clinics not

organizationally under the same privileging authority. Practitioners holding only initial staff appointments may be assigned such duty using the procedures described above, under the following conditions:

(1) The prospective gaining facility identifies in their request the specific scope of services necessary during the duty period.

(2) After a review of the scope of services requested relative to the inventory of practitioners onboard who could satisfy the requirement, the parent facility privileging authority documents the rationale for the decision that the requirement can be safely met with a practitioner who has not yet been granted an active staff appointment.

(3) The gaining privileging authority acknowledges that the practitioner is acceptable.

(4) If the practitioner offered is not acceptable, the parent facility nominates another practitioner, if available, or refers the request to higher authority for resolution.

12. Permanent Assignment to the Operational Forces

a. Fixed MTFs or DTFs must support the operational forces by ensuring that practitioners assigned to their commands who are in receipt of orders to an operational assignment are currently competent, professionally qualified, and have been granted active staff appointments with, at a minimum, the core privileges required to function in the prospective operational assignment, before the practitioner's detachment from the fixed MTF or DTF. The practitioner's ICF shall be forwarded to the privileging authority as prescribed in section 4, paragraph 5 of the basic instruction. A NPDB query shall be included in the licensed practitioner's ICF before transfer to operational forces. The PAC upon receipt of orders, must check the ICF for the NPDB query. If there is no NPDB query, call HLTHCARE SUPPO Jacksonville for date of last query. If there is no query, HLTHCARE SUPPO Jacksonville shall query and forward query to the PAC. The ICF can be forwarded without the NPDB query but the cover letter must include: (1) date HLTHCARE SUPPO Jacksonville was notified of need for query; (2) HLTHCARE SUPPO Jacksonville must be sent a copy of the cover letter, to assure appropriate forwarding of query. The query shall be forwarded, by HLTHCARE SUPPO Jacksonville, to the operational privileging authority when received.

b. Practitioners at fixed MTFs or DTFs who shall require core privileges, not currently held, to function in their prospective operational assignment must be provided the training

necessary to qualify them for the required privileges before the expected date of detachment. Using the procedures described previously for augmentation of clinical privileges, the practitioner shall be granted the necessary privileges, if qualified, before the date of detachment and in time to forward the ICF to the gaining command. If the practitioner proves to be not qualified for the core privileges required for the operational assignment, a change of orders is indicated and the Bureau of Naval Personnel (BUPERS) shall be notified.

c. If practitioners desire to practice at another facility while assigned to the operational forces, they may do so using the procedures described in paragraph 11(1)(c) of this section.

13. Temporary Augmentation to the Operational Forces, Afloat. It is not uncommon for reservists and active duty practitioners to receive, on short notice, TAD orders to an afloat (ship) operational assignment. Navy ships represent an extension of Navy medicine at the deckplates. Due to the nature of ship to ship communication, and the immediacy of the orders, it is often impossible to complete the appendix Q process. To assure patient safety and the highest standard of medical care to our operational forces, the following procedures apply:

a. Fixed MTFs or DTFs must support the operational forces by ensuring that practitioners assigned to their commands who are in receipt of TAD orders to an afloat operational assignment are currently competent, professionally qualified, and have been granted active staff appointments with, at a minimum, the core privileges required to function in the prospective TAD afloat operational assignment. Time permitting, practitioners in receipt of TAD afloat operational orders who require core privileges, not currently held, to function in their operational assignment, must be provided the training necessary to quality them for the required privileges before the expected date of mobilization.

b. The holder of the practitioner’s ICF informs the gaining TAD afloat operational command of the practitioner’s current credentials and staff appointment with clinical privileges using the CTB, appendix N, format by message, electronic-mail, speedletter, fax transmittal, or NAVGRAM. The completion of the appendix Q is not necessary for these specific providers. A practitioner holding a current medical staff appointment with clinical privileges can exercise the privileges aboard ship in a TAD afloat operational status. It is understood the practitioner agrees not to exercise privileges afloat that exceed the medical facilities immediately available.

c. If the TAD operational assignment is of such a nature the gaining command cannot be located to transmit a CTB, the

practitioner may hand-carry their CTB to present to the gaining operational command upon arrival.

14. Credentials Review and Privileging Process at Operational Commands

a. The principles and procedures for granting staff appointments with clinical privileges at fixed MTFs or DTFs prescribed in this section are applicable to practitioners and privileging authorities in the operational arena. Modifications to these procedures due to unique operational requirements or organizational structure shall be specified in local implementing directives.

b. The privileging authorities for practitioners reporting for PCS operational assignments are in paragraph 6 of the basic instruction.

c. Practitioners reporting to operational assignments shall be granted privileges at their detaching commands. Because practitioners reporting to operational assignments from fixed MTFs or DTFs will have been granted an active staff appointment with clinical privileges at their detaching commands, there is no need for operational privileging authorities to grant initial staff appointments.

15. Selected Reserve Practitioners

a. All Selected Reserve practitioners shall have their credentials reviewed and verified and shall apply for and be granted staff appointments with clinical privileges consistent with the procedures applicable to active duty practitioners by the holder of their ICF designated in paragraph 3 of section 4, the CCPD.

b. When a Selected Reservist is assigned to IDTT, AT, or ADT involving the provision of health care services at the facility, the gaining command shall request a CTB from the CCPD.

c. When a Selected Reservist is assigned to ADSW involving the provision of health care services at the facility, the gaining command shall request a CTB from the CCPD. When the CTB is forwarded from the CCPD to the gaining command, MED-07 is informed under separate cover (message, e-mail, FAX, or speedletter).

16. Ongoing assessment of practitioner performance is documented using any mechanism that the facility or operational site mandates to meet the facilities needs and operational mission. Relevant information from organizational performance improvement and quality management activities is considered when evaluating

professional performance, judgment, and clinical and technical skills (clinical competence). Whatever mechanism is used, this practitioner specific performance improvement and quality management information shall be easily accessible and maintained at the facility for the 2 year reappointment or renewal of privileges timeframe.

a. Practitioner Specific Data

(1) Information generated through the command's performance improvement and quality management activities and risk management program to include process and outcome measures.

(2) Data reflecting workload (productivity).

(3) Results of peer review activities.

(4) Patient feedback data and information.

(5) Documentation of training or continuing education, including ACLS or ATLS required to meet specialty-specific staff appointment or privileging criteria.

(6) Documentation of practitioner's health status (i.e., located on the PPIS) in terms of ability to practice in the area in which privileges are sought.

(7) Other practitioner-specific information used in evaluating or documenting the clinical performance of the practitioner, including appraisals of nontrainees practicing under supervision.

b. A PAR, appendix A, shall be completed on each practitioner providing health care services by the privileging authority at intervals not to exceed 2 years and placed in the ICF. The purpose of the PAR is to permanently document the periodic appraisal of practitioner conduct, competence, and performance required by reference (a). The PARs are the primary documents used to support the granting and renewal of active staff appointments. Additionally, the PARs shall be reviewed at the time of fitness report preparation. Any evaluation element marked UNSAT in section VI or VIII shall be accompanied by explanatory remarks placed in section XII or on attached additional sheets. Department head's are required to make appropriate comments in section X regarding the practitioner's clinical competence in practicing all privileges granted, both core and especially supplemental privileges in section XI. PARs must be completed on health care practitioners:

(1) During the latter portion of initial staff appointments.

(2) Before completing inservice graduate professional education or training programs.

(3) Upon detachment incident to transfer, separation, termination of employment, or retirement. When the member has detached from the command without an opportunity to review and sign the PAR, provide member with a copy of the PAR at his or her next duty station, etc., with a "date/copy to practitioner" annotated on the bottom of the original PAR filed in member's ICF.

(4) Upon completion of: temporary duty exceeding 4 continuous days; permanent assignment to an operational unit; or temporary assignment to another operational unit exceeding 4 continuous days.

(5) At the time of reappointment to the professional staff.

(6) When significant new information about a detaching practitioner's performance or conduct becomes available after the practitioner detaches. In this case, a special PAR shall be completed by the appropriate department head, endorsed by the credentials committee, the ECOMS or ECODS, and forwarded to the practitioner's gaining privileging authority. When received by the gaining privileging authority, the PAR shall be reviewed and endorsed by the gaining department head, the practitioner, credentials committee, and ECOMS or ECODS before inclusion in the practitioner's ICF. The special PAR is the appropriate vehicle to forward results of Judge Advocate General Manual Investigations (JAGMANs), civilian external peer review, or investigations into allegations of misconduct or substandard care to the gaining privileging authority. Information included on the detaching PAR need not be reiterated on the special PAR. Potentially adverse PARs must be acted upon and finalized by the sending command.

c. The mechanisms used at the facility level, to gather and maintain practitioner specific performance improvement and quality management data, shall be handled with the same security and confidentiality precautions required for all documents generated through quality assurance programs. Follow reference (m).

17. Support of the Armed Forces Medical Examiner (AFME) System. The AFME System provides support for medico-legal death investigations to all DoD MTFs or DTFs. The range of support includes onsite performance of autopsies by deputy or regional medical examiners, telephonic consultations, and written reports. Deputy and regional medical examiners generally hold privileges granted by the Armed Forces Institute of Pathology (AFIP).

Deputy and regional medical examiners are authorized to perform autopsies upon presentation of their AFME credentials to the commanding officer. An application for staff appointment with clinical privileges is not required for this service. See reference (u).

18. Health Care Services Provided by Non-DON Trainees. Non-DON trainees performing health care services under supervision as part of a cooperative agreement with a training institution are not eligible for a staff appointment with clinical privileges. An ICF for such practitioners is not required. Documentation of the following must be maintained in the MTF or DTF professional affairs office:

a. Written authorization from the privileging authority for the practitioner to provide a specified scope of health care services while under the supervision of a specified practitioner who holds a professional staff appointment with clinical privileges in the same or similar specialty as the trainee.

b. The designated supervisor is responsible for oversight, coordination, and any required followup care related to the health care services provided by the trainee.

c. A copy of the evaluation completed at the conclusion of the training period.

d. Written confirmation from the trainee's primary training institution that the practitioner's qualifying credentials required by appendix B, as applicable, have been verified.

19. Support for the Organ and Tissue Procurement Program and the Armed Services Medical Regulating System. Organ donations and transplants conducted by organ and tissue procurement teams per reference (t) and treatment provided within Navy MTFs or DTFs by personnel assigned to the Armed Forces Medical Regulating System to patients under their care per reference (u), are authorized to be performed without formal credentials review and privileging under this instruction. However, personnel assigned in support of these programs must present sufficient documentation (e.g., official orders, assignment letter, or identification card) to the commanding officer of the MTF or DTF to establish their authorization to perform the services.

Section 3

CLINICAL SUPPORT STAFF AND INDIVIDUAL PROFESSIONAL FILES (IPFs)

1. General. Commanding officers shall ensure that assignments to patient care activities of clinical support staff, as defined in section 5, are based on consideration of the staff member's verified qualifying degrees and licenses (all State licenses or certifications held within the last 10 years), past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. Primary source verification is a function under the JCAHO medical staff standards; therefore, there is no requirement to primary source verify clinical support staff nursing certifications. Commanding officers shall ensure procedures are in place for consideration of the staff member's verified qualifying degrees, using the criterion established by the corps chiefs and directors.

a. Commanding officers shall maintain an IPF on all clinical support staff assigned to, employed by, contracted by, or under partnership agreement with the command. A privacy act statement (PAS), appendix I, is to accompany each IPF. The IPF shall contain documentation described in appendix S.

b. The items described in appendix B shall be collected before the individual being selected for, employed by, or contracted to the DON, or assigned clinical duties other than under direct supervision as defined in section 5.

c. Responsibility for initial collection and verification of the items listed in appendix B is as follows:

(1) For direct accessions, recalls to active duty, and interservice transfers to DON, the Commander, Navy Recruiting Command, is responsible, following section 4 of this instruction. The applicable professional review board appointed under references (n) and (o) shall confirm the required verifications of the credentials information.

(2) For new civil service employees, the servicing civilian personnel office shall collect and verify the required credentials information, appendix B, and shall furnish such information to the commanding officer for review before hiring the individual.

(3) For new contract employees contracted directly to the MTF or DTF, the commanding officer is responsible. If the contract involves an intermediate contracting agency, the contracting agency is held responsible. Additionally, this

information must be furnished to the MTF or DTF PAC at least 30 days before the individual begins work under the contract.

d. IPFs shall contain a signed PAS, appendix I.

2. Disposition and Maintenance of IPFs. The disposition and maintenance of IPFs follow the same guidelines for ICF disposition and maintenance in section 4.

3. Clinical Performance Appraisal. The ongoing assessment of the clinical performance of clinical support staff shall be, in part, through the command's performance data and information, generated through the organizational performance improvement activities. Upon transfer, separation, termination of employment, or retirement, and at intervals not to exceed 2 years, an appraisal of each clinical support staff member's clinical performance and conduct shall be completed with documentation placed in the member's IPF. Appraisals are required only for clinical support staff assigned to clinical duties. The appraisal must identify and address, at a minimum, the following elements:

a. Activity completing the appraisal.

b. Identification of the member being appraised including grade or rate, social security number (SSN), and designator, if applicable.

c. Purpose of the appraisal (transfer, separation, periodic).

d. Inclusive dates of the appraisal period.

e. Clinical department assignments and scope of clinical responsibilities.

f. Clinical activity indicators; e.g., average daily inpatient census and average number of outpatient visits.

g. Professional development activities; e.g., participation in continuing professional education, publications, presentations, and recognition of professional achievements.

h. Trends, positive or negative, identified through the command's performance data and information, generated through the organizational performance improvement activities.

i. Incidents of reportable misconduct as defined in reference (d).

j. Review of the appraisal by the appropriate director.

k. Review of the appraisal by the member and the opportunity to make comments.

4. Disposition of Performance Appraisals. The original of the clinical performance appraisal is to be placed in the member's IPF. Upon detachment from the command, copies of all clinical performance appraisals prepared at the command are to be retained in a secure file at the command for 10 years. After 10 years, the file shall be forwarded to the provider, if current address is known, or destroyed as authorized by reference (f). The retained performance appraisals serve as a record to respond to future inquiries regarding the clinical support staff member's professional performance and staff responsibilities while assigned to the command.

5. Health Care Services Provided at Other DON Treatment Facilities. When clinical support staff members are assigned to provide health care services at a DON treatment facility other than that to which they are permanently assigned, employed, contracted, or under partnership agreement with, and the gaining treatment facility is under the cognizance of another privileging authority, the sending facility forwards the required credentials information using the appendix N (CTB) format. The information may be conveyed using a speedletter, NAVGRAM, e-mail, or message, with the appropriate blocks completed as indicated in paragraph 11 of section 2. The gaining facility is required to provide, to the sending facility, an appraisal of the clinical support staff member if the assignment exceeds 4 days. A single appraisal, covering all such assignments over the sending facility's current 2-year appraisal period for the member, may be used when the member is temporarily assigned more than once to the same facility. The gaining facility shall retain a copy of appendix N (CTB) and the appraisal in a file folder for a period of 10 years. This file is not, nor is it to be converted into, an IPF. See section 4, paragraph 3c(2).

6. Contingency Assignment. When a clinical support staff member has been given a contingency assignment, upon receipt of orders indicating imminent deployment the PAC shall prepare a CTB generated from the centralized computer data base, and forward it to the contingency assignment. A copy of the current CTB shall be maintained in section II of the ICF.

Section 4

INDIVIDUAL CREDENTIALS FILES (ICF)

1. General. Upon accession into or employment by the DON, each health care practitioner, including military trainees, shall have credentials information collected, verified, and incorporated into an ICF, following the structure and content guidelines in appendix R. A signed PAS, appendix I, shall accompany each ICF. The ICF is maintained throughout the practitioner's tenure with the DON. Do not duplicate information contained in the ICF in any other files used in the administration of trainees. Compliance with this instruction results in a single, complete, verified ICF for each practitioner.

2. Collection and Verification of Credentials Documents

a. All items in appendix B shall be collected, verified, and evaluated before an individual is selected for naval service, employed by or contracted to the DON, or granted a professional staff appointment by a privileging authority of a DON MTF or DTF.

b. Responsibility for collection and verification of the items listed in appendix B is as follows:

(1) For direct accessions, recalls to active duty, and interservice transfers to the DON, the Commander, Navy Recruiting Command is responsible, following the documentation guidelines specified in this section. The applicable professional review board appointed under references (n) through (q) confirms the required verifications of the required credentials documents. The Assistant Chief for Education, Training and Personnel (MED-05) ensures the accession package is complete before submission to the professional review board.

(2) For students reporting from Armed Forces Health Professions Scholarship Program (AFHPSP) and Uniformed Services University of the Health Sciences (USUHS) programs, the gaining privileging authority is responsible.

(3) For new civil service employees, the servicing civilian personnel office is responsible. The civilian personnel office forwards the information to the appropriate privileging authority before hiring the individual.

(4) For new contract practitioners, if the individual is contracted directly to the treatment facility, the commanding officer is responsible. If the contract involves an intermediate contracting agency, the contracting agency is responsible and forwards the information to the gaining privileging authority at

least 30 days before the individual begins work under the contract.

c. The items listed in appendix R, plus any related new or updated information, summaries of JAGMAN investigations or liability claims in which the invididual was a principle party, and PARs, must be maintained in the ICF. Summaries of information of an adverse nature, accrued during naval service and becoming available after the practitioner leaves naval service, shall be included and maintained in the practitioner's ICF.

d. The practitioner is responsible for providing accurate and current evidence of professional qualifications. This may be in the form of documents, letters of reference, statements made, or information provided during the accessions or credentials review and privileging process. The practitioner shall immediately inform the holder of their ICF of any change in professional qualification, including health status, which could impair ability to provide safe, competent, authorized health care services.

e. Copies of documents provided by the practitioner being evaluated are not required to be certified true copies, but shall serve as reference documents for the verification process. References (a) and (e) require independent primary source verification of the following credentials. These credentials are further described in appendix R.

(1) Qualifying degree. Educational Commission for Foreign Medical Graduates (ECFMG), Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), or Fifth Pathway certificates for those graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, constitutes evidence of the qualifying degree.

(2) All clinically related postgraduate training.

(3) All professional qualifying certifications.

(4) All State licensures and certifications held within the last 10 years including all voluntary lapses of licensure. If the practitioner does not possess a licensure or certification waiver or is not otherwise specifically authorized to practice independently without a licensure or certification, the practitioner shall hold at least one current, valid, unrestricted licensure or certification. A current, valid, unrestricted licensure or certification is one which has not expired or been suspended or revoked, one which the issuing authority accepts and considers quality assurance (performance improvement and quality management) information, and not subject to restriction

pertaining to that scope, location, and type of practice ordinarily granted all other applicants for similar licensure or certification in the granting jurisdiction.

f. Primary source verification is required only one time. Credentials do not require reverification by gaining privileging authorities unless a change in the status of the credential has occurred since the last verification or some reason exists to doubt the authenticity of the credential. At time of reappointment to the medical staff or upon the granting or renewal of privileges, the license shall be verified. The current licensure is confirmed by viewing the applicant's current license or certificate, making a copy of the credential, and placing the copy in the ICF with appropriate documentation per paragraph 2(j)(1-4) of this section. Under statutory law, several States do not authorize the copying of licenses. In this case document viewing of the license, the date, the expiration date of the license, your name, title, and facility.

g. Primary source verification must be independent; i.e., the member cannot complete the verification process.

h. Acceptable sources and methods of verification:

(1) Contact with the primary source or with an agency that has obtained primary source verification, i.e., American Medical Association (AMA) masterfile. Telephonic verification is acceptable. Verification obtained by parties external to the DON that meets the DON verification standards described herein is acceptable.

(2) For board certifications, The Official American Board of Medical Specialty (ABMS) Directory of Board Certified Medical Specialists published by Marquis Who's Who in cooperation with the ABMS; or, listings published by certifying boards may be used as verification.

(3) Listings published or released by certifying agencies; e.g., the National Commission on Certification of Physician Assistants (NCCPA); the Academy of Certified Social Workers (ACSW); and, the American Nurses Credentialing Center (ANCC).

(4) Confirmation by HLTHCARE SUPPO Jacksonville, FL through CCQAS that the document has been verified.

(5) When unable to verify education and training, or qualifying degrees due to school closures or other unforeseen events, verify attempts made, persons contacted (title and phone number), ensuing discussion, and reason verification cannot be completed. At this point the record is considered complete and

can be forwarded to the ECOMS and ECODS for action. Upon recommendation of the ECOMS and ECODS, the privileging authority may grant a staff appointment without the required verification. This decision shall be supported by a preponderance of evidence that the requirement in question has been met. The decision and justification, including letters of inquiry and telephone calls, shall be documented with a copy placed in the practitioner's ICF. Place the documentation in the same section the credential in question would have been placed if available.

i. All discrepancies require resolution through direct contact with the primary source.

j. Acceptable documentation of verification clearly identifies the:

(1) Agency, position, telephone number, and person supplying confirmation of authenticity.

(2) Publication or listing, if such was the source of verification.

(3) Agency, position, and person documenting the verification.

(4) Date of verification, facility, and PACs signature.

k. The documentation of primary source verification is placed on or appended to the document being verified and placed in the ICF.

l. ICFs shall contain a signed PAS, appendix I.

m. While the responsibility for fees required to obtain and maintain basic qualifying licenses and certificates lies with the practitioner, appropriated funds may be used to pay, in advance if required, fees required to obtain required verifications per reference (t).

3. Maintenance of ICFs

a. Members have only one ICF.

b. ICFs are to be maintained in a secure area. If the practitioner provides health care services at a facility not under the cognizance of the privileging authority holding their ICF, the holder of the ICF forwards the applicable credentials and privilege information to the gaining privileging authority using the format in appendix N (CTB).

c. All naval Reserve practitioners' ICFs shall be maintained at the CCPD. The CCPD functions in the following manner:

(1) The CCPD is a department of the HLTHCARE SUPPO, Jacksonville, FL. The CCPD will centralize the credentials review and privileging process for Reservists; manage Reserve ICFs and IPFs; coordinate initial privileging with MTFs and DTFs; maintain a credentials and privileging committee; renew privileges; participate in a professional data base; and maintain archived active duty and Reserve ICFs and IPFs from closed or disestablished activities and facilities.

(2) ICFs and IPFs for civil service and contract providers who are also Selected Reserves shall be maintained by the CCPD. The CCPD shall provide an ICTB to the privileging authority for the facility where the Reservist works.

(3) Selected Reserves shall apply for an initial staff appointment with clinical privileges to the CCPD. The period of initial privileging shall continue per this instruction. Concurrent civilian practice information shall be collected from each civilian affiliation by the CCPD and placed in the ICF.

(4) The Reserve provider shall be evaluated following all periods of clinical service in a military MTF or DTF and a PAR with a CTB submitted. The facility shall be responsible for the collection and documentation of necessary practitioner specific data and information generated by organizational performance improvement and quality management activities. The PAR shall be completed per this instruction. PARS, performance improvement and quality management data, and civilian activity data shall be acted upon by the CCPD in the granting or renewing of privileges. The CCPD shall establish a credentials review and privileging committee for this purpose. The CCPD shall be queried by Reserve readiness commands (REDCOMS) to determine if a reservist is privileged before processing training or support requests. A CTB will be sent to the gaining command if privileged. Adverse or additional privileging action shall follow reference (d).

4. ICF Contents

a. Only documentation specified in appendix R may be placed in a practitioner's ICF.

b. Practitioners have a right to review, make comment on, and receive copies of all material in their ICFs. The NPDB queries may not be copied per the Health Care Quality Improvement Act of 1986.

c. Before material of an adverse nature (fact or opinion which reflects negatively on clinical competence, conduct, or

clinical performance) is placed in an ICF, the practitioner shall be provided a copy and given an opportunity to comment thereon. Statements by a practitioner in reply to the adverse material must also be included in the practitioner's ICF. Except material ordered inserted in an ICF by Chief, Bureau of Medicine and Surgery, adverse matters shall undergo peer review as defined in section 5 before its placement in the ICF.

d. Removal of material from the ICF may only be accomplished under reference (m).

5. ICF Disposition

a. Privileging authorities are to retain a copy when forwarding original ICFs using the procedures described below. The copy may be destroyed per reference (f), or forwarded to the gaining authority for their use, upon confirmation of receipt of the original ICF.

b. For practitioners transferring on PCS orders to a DON clinical assignment, the original ICF is forwarded, return receipt requested, to reach the gaining privileging authority at least 15 days before the practitioner's scheduled arrival. In the event that is not possible, the CTB shall be sent within the same required timeframe. The ICFs of practitioners transferring to nonclinical assignments or to assignments outside the DON shall be maintained at the practitioner's last clinical command, with a letter informing the practitioner of the ICF location. Practitioners shall provide changes and updates of credentials information to the holder of their ICFs. Upon subsequent assignment to a clinical billet, the holder of the ICF shall forward the ICF to the gaining privileging authority.

c. For practitioners ordered to full-time inservice graduate education, the ICF shall be forwarded to the gaining training facility using the procedures in paragraphs 5a and 5b above.

d. For practitioners ordered to full-time outservice (FOST) graduate medical education, the original file shall be maintained at the practitioner's last clinical command, with a letter informing the practitioner of the ICF location. Practitioners are to provide changes and updates in credentials information to the holder of their ICF. Upon completion of FOST, the holder of the ICF shall forward the ICF to the gaining privileging authority.

e. For practitioners who have separated or terminated DON employment:

(1) Without a history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the

original ICF shall be retained at the last facility in a closed status for at least 10 years, at which time it must be forwarded to the practitioner, if current address is known, or destroyed as authorized by reference (f).

(2) With a history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the original ICF shall be forwarded to MED-03 (legal), return receipt requested, for indefinite retention.

f. For Reserve practitioners who have separated or terminated DON employment:

(1) Without a history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the original ICF shall be retained at the CCPD for at least 10 years, at which time it must be forwarded to the practitioner, if current address if known, or destroyed as authorized by reference (f).

(2) With a history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the original ICF shall be forwarded to MED-03 (legal), return receipt requested, for indefinite retention.

g. For archived ICFs and IPFs from closed facilities, per paragraphs 5e(1) and (2) and, f(1) and (2) above.

h. When forwarding or disposing ICFs, note the provisions of paragraph 6 of this section.

6. Local Retention of Credentials Information. Upon retirement, etc., privileging authorities shall maintain copies for 10 years of all PARs with associated privilege sheets and applications for staff appointments or with associated requests and authorizations to exercise privileges, including endorsements, completed by the privileging authority. Upon detachment of practitioners incident to permanent change of station transfer, separation, retirement, or termination of employment, copies of these documents shall be made before the appropriate disposition of the ICF per paragraph 5 above. Responses to requests for information regarding a current or former practitioner shall adhere to reference (m). Requests for information concerning reservists shall be forwarded to CCPD and also adhere to reference (m).

Section 5

DEFINITIONS

1. Abeyance. The temporary removal of a privileged practitioner from clinical duties while an inquiry into allegations of practitioner misconduct or professional impairment is conducted. Abeyances cannot exceed 28 days. A privilege abeyance is nonpunitive and is not an adverse privilege action.

2. Adverse Privileging Action. The denial, suspension, limitation, or revocation of clinical privileges based upon privileged practitioner misconduct, or professional, medical, or behavioral impairment. The termination of professional staff appointment based upon conduct incompatible with continued professional staff membership is also an adverse privileging action. Providers who have been diagnosed as alcohol dependent (alcoholic) or drug dependent or as having an organic brain or psychotic mental disorder are considered impaired providers (refer to definition of impairment in this section).

3. Alcohol or Drug Abuse. The use of alcohol or other drugs to an extent that it has an adverse effect on performance, conduct, specialty, mission effectiveness, or the user's health, behavior, family, or community. The wrongful or illegal possession or use of drugs in any amount also constitutes drug abuse.

4. Clinical Privileging. The process whereby a health care practitioner is granted the permission and responsibility to independently provide specified medical or dental care within the scope of his or her licensure, certification, or registration. Clinical privileges define the scope and limits of practice for individual practitioners. Privilege categories include:

    a. Regular Privileges: Core and supplemental privileges

    b. Temporary Privileges: Granted in situations when time constraints do not allow full credentials review. Time limited, granted only to fulfill pressing patient care needs.

    c. Supervised Privileges: Used to identify the privileging status of nonlicensed and noncertified providers who are not independent.

5. Clinical Support Staff. Personnel who are required to be licensed under reference (e), but are not included in the definition of health care practitioners. This category includes dental hygienists and nonprivileged nurses.

6. Credentials. Documents that constitute evidence of qualifying education, training, licensure, certification, experience, and expertise of health care providers.

7. Credentials Review. The application and screening process whereby health care providers have their credentials evaluated before being selected for naval service, employed by the DON, granted clinical privileges, or assigned patient care responsibilities.

8. Current Competence. The state of having adequate ability to perform the functions of a practitioner in a particular discipline as measured by meeting the following conditions:

a. Privileged to independently practice a specified scope of care at any time within the past 2 years.

b. Authorized to practice a specified scope of care under a written plan of supervision at any time within the past 2 years.

c. Completed formal graduate professional education in a specified clinical specialty at any time within the past 2 years.

d. Actively pursued the practice of his or her discipline within the past 2 years by having encountered a sufficient number of clinical cases to represent a broad spectrum of the privileges requested.

e. Satisfactorily practiced the discipline as determined by the results of practitioner-specific data and information generated by organizational performance improvement and quality management activities.

9. Denial of Privileges. An adverse privileging action taken by a privileging authority which denies privileges requested by a practitioner when those privileges are of a nature which would normally be granted at the facility to a practitioner of similar education, training, and experience occupying the same billet. A denial shall only be imposed by a privileging authority after the opportunity for a peer review hearing has been afforded the practitioner.

10. Disability (Physical). Any impairment of function due to disease or injury, regardless of the degree, which reduces or precludes an individual's actual or presumed ability to engage in gainful or normal activity. The term physical disability includes mental disease but not such inherent defects as personality disorders and primary mental deficiency, although they may render a member unsuitable for military duty.

11. Health Care Providers. Health care practitioners and clinical support staff collectively.

12. Health Care Practitioners (Licensed Independent Practitioners). Military (active duty and Reserve) and DON civilian providers (Federal civil service, foreign national hire, contract, or partnership) required by reference (a) to be granted clinical privileges to independently diagnose, initiate, alter, or terminate health care treatment regimens within the scope of his or her licensure, certification, or registration. This includes physicians, dentists, marriage and family therapists, nurse practitioners, nurse midwives, nurse anesthetists, clinical psychologists, optometrists, clinical dieticians, podiatrists, clinical social workers, clinical pharmacists, physical therapists, occupational therapists, audiologists, speech pathologists, and physician assistants. Individuals enrolled in training programs leading to qualification for clinical privileges and American Red Cross volunteers in any of these disciplines are also considered health care practitioners, for purposes of this instruction.

13. Impairment. Any personal characteristic or condition which may adversely affect the ability of a practitioner or clinical support staff to render quality health care. Impairments may be professional, medical, or behavioral. Professional impairments include deficits in medical knowledge, expertise, or judgement. Behavioral impairments include unprofessional, unethical, or criminal conduct. Medical impairments are conditions which permanently impede or preclude a practitioner from safely executing responsibility as a health care provider or from rendering quality health care or any medical condition requiring convening of a medical board.

14. Intravenous Conscious Sedation. Intravenous conscious sedation is sedation for which there is a reasonable expectation that the sedation may result in the loss of protective reflexes in a significant percentage of patients.

15. License. License or certificate (current, valid, unrestricted).

a. Current. Active, not revoked, suspended, or lapsed in registration.

b. Valid. The issuing authority accepts, investigates, and acts upon quality assurance information, such as practitioner professional performance, conduct, and ethics of practice, regardless of the practitioner’s military status or residency.

c. Unrestricted. Not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction.

16. Limitation of Privileges. An adverse privileging action taken under reference (d) by a privileging authority which permanently removes a portion of a practitioner's clinical privileges. A limitation shall only be imposed by a privileging authority after the opportunity for a peer review hearing has been afforded to the practitioner.

17. Peer Review. Peer review offers a practitioner the forum for problem solving and action as indicated. Peer review is conducted at a particular level, or tier, within the locally-defined medical or dental staff organizational hierarchy. For example, in a hospital or dental center where professional staff monitoring is done by committees, the first or lowest level of peer review is at the committee, traditionally followed by the ECOMS or ECODS as the second level. Likewise, if these functions are performed within departments, these constitute the first or lowest level, followed by the service or directorate and ECOMS or ECODS as the second and third levels. Ordinarily, peer review is not conducted above the first level if consensus is reached. Additionally, when the consensus agrees there are grounds for adverse actions, reference (d) shall be followed.

18. Professional Staff Appointment. Formal, written authorization to perform patient care with delineation of authorized clinical privileges. Reflects the relationship of the provider to the medical staff. Appointment types include:

a. Initial Staff Appointment. The first Navy Medical Department professional staff appointment, granted for a period not to exceed 12 months, giving the practitioner the opportunity to demonstrate to the privileging authority current clinical competence and the ability to comply with the facility's policies, procedures, bylaws, and code of professional ethics. This duration of time reflects the provisional (initial) staff appointment period.

b. Active Staff Appointment. Staff appointments granted to practitioners who successfully complete the initial staff appointment period, i.e., the initial staff appointment period.

c. Affiliate Staff Appointment. Granted to providers meeting all qualifications for membership in the medical staff after successfully completing the initial appointment period, but who are neither assigned organizational responsibilities nor expected to be full participants in activities of the medical staff. May apply to consultants, resource sharing personnel,

part-time contracted staff. Must conform to all bylaws of the medical staff.

d. Temporary Staff Appointment. Granted in situations when time constraints do not allow full credentials review. Are required when providers practicing under temporary privileges will be admitting patients. Relatively rare, used only to fulfill pressing patient care needs.

e. None. Health care providers without a license or other authorizing document, or who are for other reasons not appointed to the medical staff. This category includes those providers who have successfully completed internship, but for a variety of reasons may not be currently licensed. May additionally include operational providers straight out of internship, who have not been able to obtain State licensure during the operational commitment.

19. Revocation of Privileges. An adverse privileging action taken under reference (d) by a privileging authority which permanently removes all of a practitioner's clinical privileges. A revocation may only be imposed by a privileging authority after the opportunity for a peer review hearing has been afforded to the practitioner.

20. Supervision. The process of reviewing, observing, and accepting responsibility for the health care services provided by health care providers. Levels of supervision are defined as:

a. Indirect. The supervisor performs retrospective record review of selected records. Criteria used for review relate to quality of care, quality of documentation, and the member, not exceeding the authorized scope of care.

b. Direct. The supervisor is involved in the decision-making process. This may be further subdivided as follows:

(1) Verbal. The supervisor is contacted by phone or informal consultation before implementing or changing a regimen of care.

(2) Physically Present. The supervisor is physically present through all or a portion of care.

21. Suspension. An initial adverse action taken under reference (d) which temporarily removes all or a portion of a practitioner's clinical privileges. If only a portion of the practitioner's privileges are removed, it is a partial suspension. This summary action is imposed before the initiation of the peer review process.

22. Verification. Confirmation of the authenticity of credentials documents through contact with the issuing agency (the primary source) or use of a secondary source authorized by the Deputy Chief of Naval Operations (Manpower, Personnel, & Training) (MP&T) under references (l) through (o). Verification shall be documented.

ABBREVIATIONS

ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ACSW	Academy of Certified Social Workers
ADDU	Additional Duty
ADSW	Active Duty Special Work
ADT	Active Duty for Training
AFHPSP	Armed Forces Health Professions Scholarship Program
AFIP	Armed Forces Institute of Pathology
AFME	Armed Forces Medical Examiner
AMA	American Medical Association
ASA	American Society of Anesthesiologists
AT	Annual Training
ATLS	Advanced Trauma Life Support
BS	Bachelor of Science
BSN	Bachelor of Science in Nursing
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
C-4	Combat Casualty Care Course
CAT	Computerized Axial Tomography
CCNA	Council on Certification of Nurse Anesthetists
CCPD	Centralized Credentials Review and Privileging Department
CCQAS	Centralized Credentials and Quality Assurance System
CCU	Cardiac Care Unit
CMC	Commandant of the Marine Corps
CNO	Chief of Naval Operations
CPR	Cardiopulmonary Resuscitation
CRNA	Certified Registered Nurse Anesthetist
CT	Computed Tomography
CTB or ICTB	Inter-Facility Credentials Transfer Brief
CTTC	Casualty Treatment Training Course
DCNO(MP&T)	Deputy Chief of Naval Operations (Manpower, Personnel, and Training)
DDS	Doctor of Dental Surgery
DEA	Drug Enforcement Administration
DMD	Doctor of Medical Dentistry
DO	Doctor of Osteopathy
DoD	Department of Defense
DON	Department of the Navy
DRG	Diagnosis Related Group
DTF	Dental Treatment Facility
ECFMG	Educational Commission for Foreign Medical Graduates
ECODS	Executive Committee of the Dental Staff
ECOMS	Executive Committee of the Medical Staff
FAC(U)	Functional Area Code (U) Practitioners in the Marine Corps Claimancy

FMF	Fleet Marine Force
FMGEMS	Foreign Medical Graduate Examination of the Medical Sciences
FNLH	Foreign National Local Hire
FSSG	Force Service Support Group
FTOS	Full-time Outservice
GME	Graduate Medical Education
HIV	Human Immunodeficiency Virus
HLTHCARE SUPPO	Health Care Support Office
ICF	Individual Credentials File
ICU	Intensive Care Unit
IDTT	Inactive Duty Training Travel
IPF	Individual Professional File
IRR	Individual Ready Reserve
ISIC	Immediate Superior in Command
JAGMAN	Judge Advocate General Manual
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KCAL	KCAL Brand Dietary Supplement
MARDIV	Marine Division
MAW	Marine Air Wing
MEB	Marine Expeditionary Brigade
MD	Doctor of Medicine
MSW	Master of Social Work
MTF	Medical Treatment Facility
NADDS	Navy Active Duty Delay Specialists
NCCPA	National Commission on Certification of Physician Assistants
NCSW	National Certified Social Worker
NRC	Nuclear Regulatory Commission
PAC	Professional Affairs Coordinator
PAP	Papanicolaou, G.
PAR	Performance Appraisal Report
PCS	Permanent Change of Station
PhD	Doctor of Philosophy
PI	Performance Improvement
PPIS	Personal and Professional Information Sheet
PRD	Projected Rotation Date
QA	Quality Assurance
RAD	Release from Active Duty
RDH	Registered Dental Hygienist
RN	Registered Nurse
RPh	Registered Pharmacist
SSN	Social Security Number
TAD	Temporary Additional Duty
TDY	Temporary Duty (U. S. Army and Air Force)
TYCOM	Type Command
USUHS	Uniformed Services University of the Health Sciences

WHNP	Women's Health Nurse Practitioner

Appendix A

PERFORMANCE APPRAISAL REPORT

Section I

Reporting Activity: **Period covered to:**

Practitioner Name/Grade/SSN/Designator:

Specialty: Department: Position:

Purpose of Report:

_____Granting Staff Appointment _____TAD _____Transfer/Separation/Termination

_____Renewal of Staff Appointment _____AT/ADSW/ADT _____Other(Specify In section X)

ICF has been Reviewed: _____Yes _____No _____Unavailable for review

Contents are current as required by BUMEDINST 6320.66B: _____Yes _____No

Section II **Privileges Being Evaluated** (See privilege sheets dated_____)

	Specialty	Core	Supplemental	Itemized
1.				
2.				
3.				

Privilege information based on_____privilege sheets or_____appendix CTB (check one)

CLINICAL PERFORMANCE PROFILE

Section III **PRACTICE VOLUME DATA**

a. # of admission or outpatient encounters ..... _____/_____

b. # of days unavailable due to TAD deployment, etc. ..... _____

c. # of major or selected procedures ..... _____

d. Percent of time in direct patient care ..... _____

Section IV **MEDICAL STAFF PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT MEASURES** (Comments)

a. Surgical/Invasive/Non-Invasive Procedures _____

b. Used of Blood/Blood Components _____

c. Use of Medications _____

d. Medical Record Pertinence Review _____

e. Medical Record Peer Review: _____# Records Reviewed _____# Records Deficient

_____

_____

Section V **DENTAL STAFF PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT MEASURES** (Comments)

a. Dental Record Pertinence Review _____

b. Dental Record Peer Review: _____# Records Reviewed _____# Records Deficient

_____

_____

c. Use of Medications _____

Section VI

	Facility Wide Monitors	Sat	Unsat	Not Obs
a.	Utilization review			
b.	Infection control			
c.	Incident Reports/Management Variance Reports			
d.	Patient Contact/satisfaction program			
e.	Risk Management Activities			

NOTE: For any item marked "Unsatisfactory" in section VI and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

Section VII **PROFESSIONAL DEVELOPMENT**

a. # of continuing education credit hours awarded ..... _____

b. # of papers published and professional presentations ... _____

c. Other recognitions of positive professional achievement (attach explanation/comments)

Section VIII

	EVALUATION ELEMENTS	Sat	Unsat	Not Obs
a.	Basic professional knowledge			
b.	Technical skill/competence			
c.	Professional judgement			
d.	Ethical conduct			
e.	Participation in staff, department, committee meetings			
f.	Ability to work with peers and support staff			
g.	Ability to supervise and support staff			

NOTE: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

Section IX

If the answer to any of the following questions is "Yes" provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

To your knowledge has the practitioner (at this activity):

		Yes	No
a.	Had privileges or staff appointment adversely denied, suspended, limited, or revoked?		
b.	Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry?		
c.	Had substandard care substantiated though one of the actions in c?		
d.	Required counseling, additional training, or special supervision?		
e.	Failed to obtain appropriate consultation?		
f.	Been the subject of a disciplinary action for misconduct?		
g.	Required modification of practice due to health status?		
h.	Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder?		

Section X Address overall clinical competency of this provider (attach additional sheets and identify section as needed)

_____

_____

_____

Section XI Address overall clinical competency of each supplemental privilege granted (attach additional sheets and identify section as needed)

_____

_____

_____

Section XII

	Signature	**Comments Attached**	**Date**
Dept. Head/SMO/SDO			
Practitioner			
Directorate			
Chair, Credentials Committee			
Chair, ECOMS/ECODS			

Performance Appraisal Report

Dental Hygienists & Oral Prophylaxis Technicians

Section I **Administrative Data**

Reporting Activity/Branch **Department** **Period Covered to:**

Practitioner Name/Grade/SSN:

Status: _____Government Service (GS) _____Contract _____Military

Purpose of Report: _____Periodic _____Transfer _____Termination/Record Closure

IPF has been reviewed: _____YES _____NO

Contents Current and Complete per BUMEDINST 6320.66B: _____YES _____NO

CLINICAL PERFORMANCE PROFILE

Section II **PRACTICE VOLUME DATA**

a. Patient Sittings (09973) ..... _____

b. Procedures Reported (DENMIS 'Credentials Report') total ..... _____

01110 Adult Prophylaxis ..... _____

01204 Topical Fluoride Application w/o prophylaxis ..... _____

01205 Topical Fluoride Application w/ prophylaxis ..... _____

01310 Dietary Counseling ..... _____

01320 Tobacco Counseling ..... _____

01330 Individual Oral Health Counseling ..... _____

01351 Pit & Fissure Sealants ..... _____

04341 Periodontal Scaling/Root planing (RDH/DT 8705) ..... _____

c. Dental Record Reviews (# discrepancies/# items reviewed) ..... _____/_____

d. Use of Local Anesthetic Agent Authorized: _____YES _____NO

If YES, # of 09210s (local anesthesia) reported during evaluation period... _____

Section III

	Facility Wide Monitors	Sat	Unsat	Not Obs
a.	Utilization review			
b.	Infection control			
c.	Patient Contact/satisfaction program			

compliments:	#	comments:
complaints:	#	comments:

NOTE: For any item marked "unsatisfactory" in section III, provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

Section IV **PROFESSIONAL DEVELOPMENT**

a. # of continuing education credit hours awarded ..... _____

b. # of papers published and professional presentations ..... _____

c. Other recognitions of positive professional achievement (detail in section VII)

Section V

	EVALUATION ELEMENTS	Sat	Unsat	Not Obs
a.	Basic professional knowledge			
b.	Technical skill/competence			
c.	Professional judgement			
d.	Ethical conduct			
e.	Participation in staff, department meetings			
f.	Ability to work with peers and support staff			
g.	Ability to work staff			

NOTE: For any item marked "unsatisfactory" in section V, provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

Section VI

NOTE: If any question is marked "YES" in section VI provide full details in section VII or on a separate sheet of paper and attach to this form. Identify items by section and letter

To your knowledge has the practitioner (at this activity):

		Yes	No
a.	Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry?		
b.	Had substandard care substantiated though one of the actions in a. above?		
c.	Required counseling, additional training, or special supervision?		
d.	Failed to obtain appropriate consultation?		
e.	Required modification of practice due to health status?		
f.	Been the subject of a disciplinary action for misconduct?		
g.	Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder?		

Section VII **Remarks**

Use this section to document any responses from sections II, III, IV, V, and VI that require clarification. Also provide a written narrative of any trends (positive or negative) noted during this evaluation period.

Section VIII

	Signature	Comments Attached	Date
Dept. Head			
Provider			
Directorate			

Appendix B

INDIVIDUAL CREDENTIALS/PROFESSIONAL FILE CONTENTS FOR NEW ACCESSIONS, EMPLOYEES ENTERING CIVIL SERVICE, AND CONTRACTORS AND OTHERS ENTERING UNDER AN INITIAL CONTRACT OR AGREEMENT

1. Evidence of qualifying degrees needed for the performance of clinical privileges; e.g., Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Dental Sciences (DDS), Doctor of Medical Dentistry (DMD), Doctor of Philosophy (Ph.D.), Master of Social Work (MSW), and Bachelor of Sciences in Nursing (BSN). For physician graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, evidence of passing the FMGEMS or the examination of the ECFMG or completing Fifth Pathway, unless the practitioner entered civil service before 1 September 1984, constitutes the qualifying degree. Independent verification of these documents is required.

2. Evidence of postgraduate training; e.g., internship, residency, fellowship, or nurse anesthesia. Independent verification of these documents is required.

3. Evidence of all State licenses. A listing of all health care licenses held within the last 10 years, including an explanation for any license that is not current or that has terminated or lapsed, voluntarily or involuntarily. The current status of all licenses held by practitioners within the last 10 years shall independently verified. For clinical support staff members, all licenses held within the last 10 years must be primary source verified. For licenses not current include explanation why license has been terminated or lapsed, voluntarily or involuntarily.

4. Evidence of specialty board certifications, if applicable, and independent verification of these documents. Clinical support staff nursing certifications do not require independent verification.

5. A listing of practice experience to account for all periods of time following graduation from medical school, dental school, nursing school, etc.

6. Evidence of current competence (letters of reference and a recent description of clinical privileges as concurred with by the directors of the facility in which the practitioner is or was practicing). The PAR contained in a practitioner's ICF serves as a letter of reference for a practitioner coming from a Navy treatment facility.

7. Documentation of any medical malpractice claims, settlements, judicial, and/or administrative adjudications with a brief description of the facts of each case.

8. History of any disciplinary action by hospital, licensure, or certification board, or other civilian agency. This shall include any resolved or open charges of misconduct, unethical practice, or substandard care.

9. Statement on physical and mental health to include any history of drug or alcohol abuse.

10. Interview summary by at least one Navy Medical Department officer of the same or similar specialty.

11. A report from the NPDB.

Appendix C

TEMPLATE FOR LOCAL COMMAND IMPLEMENTING INSTRUCTION NAV(HOSP/MEDCLIN/DENCEN) INSTRUCTION 6320.

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) DODDIR 6025.13 of July 20, 1995 (NOTAL)
(b) BUMEDINST 6320.66B
(c) BUMEDINST 6320.67
(d) Accreditation Manual for Hospitals, Joint Commission on Accreditation of Health care Organizations, current edition or Ambulatory Care Manual, Joint Commission on Accreditation of Health care Organizations, current edition
(e) BUMEDINST 6010.17A
(f) SECNAVINST 6401.2A
(g) DODDIR 6040.37 of July 9, 1996 (NOTAL)

1. Purpose. To provide a credentials review and privileging instruction per references (a) through (e).

2. Cancellation. (Former local credentials review and privileging instruction, and medical staff policies and procedures.)

3. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care practitioners and clinical support staff who are assigned (including as volunteers), employed by, or contracted to this facility or who are enrolled in a Navy-sponsored training program.

4. Policy

a. Per reference (a), Department of the Navy policy is that all health care practitioners who are to be responsible for making independent decisions to diagnose, initiate, alter, or terminate a regimen of medical or dental care within the scope of their licensure or certification are subject to credentials review and must be granted a professional staff appointment with clinical privileges by a designated privileging authority before providing care independently. Practitioners must possess a current, valid, unrestricted license or certificate, a licensure or certification waiver, or be specifically authorized to practice independently without a license or certificate or waiver of same, as prescribed in reference (f), to be eligible for a professional staff appointment with clinical privileges.

b. Per reference (a), health care providers whose professional impairment or misconduct may adversely affect their ability to provide safe, quality care must be immediately removed from direct patient care activities. This is not only a regulatory requirement, but a moral and ethical responsibility of the officials involved.

5. Scope. This instruction provides for local implementation of the scope of functions described in references (b) and (c). Specifically:

a. Application for appointment to the professional staff and request for clinical privileges.

b. Mechanisms for professional staff appointment and the delineation of clinical privileges.

c. Clinical privilege sheets including core privileges.

d. Handling, maintenance, storage, and disposal of individual credentials files (ICF) and individual professional files (IPF).

e. Roles and responsibilities for:

(1) The commanding officer.

(2) The executive committee of the medical or dental staff (ECOMS or ECODS).

(3) The credentials committee (if applicable).

(4) Directors.

(5) Department heads.

(6) Professional affairs coordinator.

(7) Health care practitioner or provider.

f. Mechanisms for personnel transfer, temporary additional duty (TAD), or permanent change of station (PCS).

6. Responsibilities. Responsibilities for key personnel identified in paragraph 5e of this instruction are described in reference (b). These key individuals and committee members are expected to be thoroughly familiar with references (b) through (e). In conjunction with reference (e), the professional staff has primary cognizance for the effective, efficient, and active implementation of this instruction. For commands desiring to have a credentials committee, add: In light of the size and complexity of this command, the professional staff has elected to use a credentials committee to support the ECOMS or ECODS in its execution of responsibilities related to credentials review and privileging. The credentials committee consists of _____ members nominated by the professional staff and appointed by the commanding officer annually.

7. Confidentiality. Reference (g) specifies confidentiality of medical quality assurance and performance improvement and quality management records within the DON and shall be followed.

8. Action. References (b), (c), (e), and (g) must be immediately made available to key personnel in paragraph 5e.

Appendix D

FORMAT FOR DEPARTMENTAL CRITERIA FOR INITIAL STAFF, ACTIVE STAFF, AFFILIATE STAFF, AND ACTIVE STAFF REAPPOINTMENT WITH CLINICAL PRIVILEGES

(The privileging authority shall prepare a list of criteria such as is provided in this example for each specific kind of appointment (initial, active, affiliate, renewal of active). The number of cases to be performed or reviewed, type of training, etc., shall be specific to the kind of appointment and are expected to differ because they represent widely varying expanses of time and levels of expertise.)

Department of:

Approved by (ECOMS or ECODS) on: (date)

1. Criteria for (insert kind of appointment):

    a. Qualifying degree; e.g., MD, DDS, ECFMG, or FMGEMS.

    b. Postgraduate training; e.g., internship, residency, or fellowship.

    c. Current licensure, certification, waiver, or specific exemptions permitting independent practice.

    d. Peer recommendations of current competence. Performance appraisal reports from previous DON MTFs or DTFs constitute peer recommendations.

    e. Health status consideration.

    f. Interview with department head.

    g. Review of applicant's ICF.

2. Criteria for clinical privileges:

    a. Core privileges - same as above criteria for a medical staff appointment.

    b. Supplemental privileges (for specific privileges whose criteria exceed that for core privileges).

        (1) Additional training required.

        (2) Additional certification required.

    c. Temporary privileges (granted for specific patient needs).

3. Criteria used to evaluate current competence during (insert type of appointment) staff appointment with clinical privileges. A proctor, assigned in writing by the department head, is given the responsibility for monitoring the criteria listed below.

    a. Volume indicators (scope of care). Listing of number and types of cases to be reviewed (emphasis on selected privileges).

        (1) Through direct observation.

        (2) Through medical or dental record review.

    b. Results of PI activities.

        (1) Sentinel or rate based events (departmental and facility-wide).

(2) Professional staff monitors, as applicable.

(3) Facility-wide monitors.

(4) Performance improvement reviews.

(5) Risk management activities (health care reviews, JAGMANs, malpractice claims).

(6) Patient complaints and patient satisfaction data.

c. Compliance with professional staff bylaws, policies, procedures, and code of ethics.

d. Health status consideration.

e. Staff participation in committee or departmental meetings (minimum of _____ percent attendance).

f. Participation in continuing professional education (may include minimum number of hours and subjects).

Appendix E

CLINICAL PRIVILEGE SHEETS FOR PHYSICIANS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care; i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges

(1) Constitute a single entity. This is not a list from which applicants may pick and choose the privileges they wish to request. Indicate with a double asterisk (**) any facility limited core privileges on the privilege sheet.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by individual treatment facilities. Forward suggested modifications to core privileges to MED-03 (clinical management) via the appropriate specialty advisor.

b. Supplemental privileges

(1) Are delineated on an item by item basis. Provider must write yes or no beside the supplemental privilege, on the privilege sheet. The area labeled other is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by treatment facilities by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets commensurate with their clinical specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws, and Navy regulations.

4. While not identified specifically in each core privilege list, all physicians with current staff appointments are authorized to perform clinical histories and physical examinations.

5. Criteria for physician core privileges

a. Graduation from a medical school in the United States, Canada, or Puerto Rico approved by the Liaison Committee on Medical Education of the AMA or graduation from a college of osteopathy approved by the American Osteopathic Association. Graduates of medical schools other than those listed above must have passed either the FMGEMS or the ECFMG or have completed Fifth Pathway.

b. Completion of a GME-1 program approved by the ACGME or the American Osteopathic Association.

c. Completion of a residency approved by an American specialty board or the American Osteopathic Association, board certification, or board qualified. (For specialty core privileges.)

d. Possession of a current, valid, unrestricted license, licensure waiver, or be specifically authorized to practice independently without a license per reference (e).

e. Current clinical competence.

f. No health status contraindications to granting clinical privileges as delineated.

6. Criteria for physician supplemental privileges

a. Criteria for core privileges.

b. Compliance with departmental (specialty) specific criteria endorsed by the ECOMS or ECODS and approved by the privileging authority.

7. Core privilege sheets are included in this appendix for the following specialties:

Aerospace Medicine
Allergy and Immunology
Anesthesiology
Cardiology
Cardiothoracic Surgery
Critical Care Medicine
Dermatology
Emergency Medicine

Endocrinology
Family Practice
Flight Surgeon
Gastroenterology
General Surgery
Hematology
Infectious Disease
Internal Medicine
Neonatology
Nephrology
Neurology
Neurosurgery
Nuclear Medicine
Obstetrics and Gynecology
Occupational Medicine
Oncology
Operational Medicine and
Primary Care Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Pediatric Surgery
Peripheral Vascular Surgery
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Psychiatry
Pulmonary Medicine
Diagnostic Radiology
Therapeutic Radiology
Rheumatology
Undersea Medical Officer
Urology

DEPARTMENT OF THE NAVY

Aerospace Medicine - Core Privileges

Comprehensive aeromedical services to prevent aircraft accidents secondary to human factors. General preventive medicine and occupational medicine program management ashore and afloat to ensure maximum combat readiness in aviation and support personnel. Management of medical departments supplying clinical support to large operational units such as carrier battle groups and Marine air wings.

* Operational Medicine and Primary Care Medicine Core Privileges
* Flight Surgeon Core Privileges

Identification, management, and aeromedical disposition of:

* Drug and alcohol abuse
* Situational stressors, such as marital discord and financial problems
* Acute and chronic illness, and treatment thereof, that might adversely affect flight safety
* Psychiatric conditions, including psychoses, neuroses, affective disorders, and character disorders
* Physical conditions that might impair flight safety
* Occupational and environmental diseases
* Diseases of lifestyle

Diagnostic, therapeutic, and management procedures:

* Manage the aeromedical examination room to ensure provision of comprehensive flight physical examinations
* Design techniques, manage, and train for mass casualties
* Manage medical training programs for medical and nonmedical personnel
* Manage radiation health programs to effectively monitor exposure to ionizing radiation and design and implement techniques for management of contaminated casualties
* Design and implement interventions to modify or eliminate individual and group risk for disease and injury
* Assess disease and injury risk of individuals and group
* Investigate epidemics and other health related event occurrences
* Interpret health care, injury, and infectious diseases data
* Plan, implement, and manage aeromedical programs within squadrons, carrier air groups, ships, and wings
* Acquire, maintain, and distribute authorized medical allowance list supplies and other essential medications and equipment
* Provide advanced crash investigation services and consultation
* Plan medical contingencies for deployment of medical personnel and supplies
* Prescribe and administer mass treatment, immunization, and medication to control epidemics
* Conduct immunization programs
* Manage and administer disease screening and health risk assessment programs
* Provide travel medicine clinical services and consultation
* Apply epidemiologic and biostatistical methods
* Conduct surveillance programs for diseases and injuries
* Apply biologic, behavioral, and environmental approaches to health promotion and disease and injury prevention

Aerospace Medicine - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Allergy And Immunology - Core Privileges

Comprehensive examination, consultation, diagnosis, and treatment of disorders of the immune system, to include:

* Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)
* Performance and interpretation of diagnostic testing for reactive airway disease and asthma (e.g., spirometry, flow-volume loops exercise challenges for bronchospasm)
* Performance and interpretation of delayed hypersensitivity skin testing for immune deficiency diseases
* Desensitization for penicillin, insulin, and related hypersensitivity diseases
* Infusion of replacement products (e.g., intravenous gamma globulin and products thereof) for immune deficiency diseases

Allergy and Immunology - Supplemental Privileges

_____Performance and interpretation of diagnostic fiberoptic rhinolaryngoscopy

_____Performance and interpretation of methacholine challenge for determination of airway hyperreactivity

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Anesthesiology - Core Privileges

NOTE: This anesthesia privilege sheet is to be used only by physicians fully trained in anesthesia. Other practitioners assigned to provide anesthesia services must add any required privileges to the supplemental privilege section on their specialty privilege sheets.

Comprehensive medical management of patients to be rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental and certain medical procedures, including preoperative, intraoperative, and postoperative examination, consultation, management, monitoring, evaluation, and treatment:

* Management of fluid, electrolyte, and metabolic parameters
* Resuscitation of patients of all ages
* Management of malignant hyperthermia
* Manipulation of cardiovascular parameters
* Diagnostic and therapeutic management of acute and chronic pain
* Manipulation of body temperature
* Intravenous conscious sedation
* Sedation and analgesia
* Management of hypovolemia from any cause
* Management of unconscious patients

Procedures:

* Local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural, and major plexus blocks
* General anesthesia, including invasive monitoring, respiratory therapy including long term ventilatory support, airway management including cricothyroidotomy

Anesthesiology - Supplemental Privileges

_____Permanent nerve blocks
_____Critical care medicine (attach list of specific privileges requested)
_____Multidisciplinary direction of pain management

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Cardiology - Core Privileges

Comprehensive examination, consultation, diagnosis, and treatment of cardiac disease

* Holter monitor interpretation
* M-mode echocardiographic interpretation
* 2-D echocardiographic interpretation
* DOPPLER interpretation
* Insertion of a pericardial catheter drain
* Insertion of a right atrial wire for rhythm determination
* Right heart catheterization

Cardiology - Supplemental Privileges

_____Left heart catheterization
_____Coronary angiography
_____Pulmonary angiography
_____Electrophysiologic testing
_____Percutaneous transluminal coronary angioplasty
_____Valvuloplasty
_____Permanent pacemaker insertion
_____Balloon pump insertion
_____Insertion and use of Bard cardiopulmonary support system
_____Transesophageal echocardiography
_____Directional coronary atherectomy
_____Rotating coronary atherectomy
_____Intracoronary stent placement
_____Intracoronary echocardiography
_____Exercise radioisotope cardiac imaging tests
_____Dipyrimadole radioisotope cardiac imaging tests

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Cardiothoracic Surgery - Core Privileges

Chest Wall:

* Resection of tumor (including rib mass)
* Thoracoplasty
* Plastic reconstruction (including Pectus)
* Reconstruction chest wall
* Repair chest wall hernia
* Repair of sternal fracture
* Resection of sternum
* Thoracic outlet
* Lung and Pleura
* Pneumonectomy
* Lobectomy
* Segmental resection
* Wedge resection/resection Bleb/abrasion
* Exploratory thoracotomy and biopsy
* Decortication/pleurectomy/abrasion
* Cavernostomy
* Closure broncho-pleural fistula
* Drainage lung abscess
* Repair lung laceration/injury
* Resection of pleural tumor
* Resection of pulmonary cyst
* Drainage of empyema (rib resection/Eloesser flap)

Thoracotomy for:

* Anterior spinal fusion
* Transthoracic vagotomy
* Sympathectomy
* Blunt or penetrating trauma
* Bleeding if not postoperative

Tracheobronchial Operations:

* Resection of stricture or tumor
* Mediastinal tracheostomy
* Repair of rupture or laceration

Mediastinum:

* Excision of tumor or cyst
* Thymectomy
* Closure of thoracic duct
* Drainage of mediastinal abscess

Diaphragm:

* Hernia Repair
  - Congenital
  - Acquired
  - Traumatic
* Plication
* Resection

Esophagus:

* Resection or bypass for tumor or stricture
* Correction of reflux or stricture
* Myotomy
* Excision of diverticulum
* Revision of bypass
* Correction of esophageal atresia or tracheo-esophageal fistula
* Closure of fistula
* Ligation of varices
* Repair or drainage of perforation or rupture

Cardiovascular:

* Congenital
  - Patent ductus arteriosus
  - Correction of coarctation
  - Shunting
  - Open cardiac
  - Coronary artery fistula
  - Vascular ring
  - Closed valvulotomy
* Acquired
  - Open
  - Closed
  - Cardiac tumor
* Insertion of cardiac assist device
  - Pericardiectomy
  - Repair of laceration or perforation
  - Removal of foreign body
  - Operations for coronary artery disease
* Great Vessels
  - Injury to aorta/great vessels
  - Pulmonary embolectomy
  - Repair of aneurysm (intrathoracic)
* Vascular Operations Exclusive of Thorax
  - Embolectomy
  - Endarterectomy
  - Repair or excision of aneurysm
  - Vascular graft or prosthesis
  - Insertion intra-aortic balloon pump
  - Caval interruption

Endoscopy:

* Bronchoscopy
* Endoscopy
* Thoroscopy
  - Exploration for hemorrhage
  - Tracheostomy
  - Mediastinoscopy or Scalene Node Biopsy
  - Drainage Of pericardium
  - Pacemaker implant

Cardiothoracic Surgery- Supplemental Privileges

_____Complex congenital reconstruction/repairs
_____Triple valve replacement
_____Cardiac transplant
_____Lung transplant
_____Archaneurysm repair/replacement
_____Intraoperative use of lasers

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Critical Care Medicine - Core Privileges

Comprehensive knowledge of patients requiring critical care medicine:

* Bag mask ventilation, supplemental oxygenation
* Intubation (oral and nasotracheal) airway control
* Use of mechanical ventilation, positive end-expiratory pressure, and continuous positive airway pressure masks
* Tracheotomy care
* Different modes of chest physiotherapy, incentive spirometry and respiratory therapeutic maneuvers including suction
* Weaning techniques
* Interpretation of electrocardiogram
* Parenteral nutrition
* Enteral nutrition
* Use of amplifiers, recorders, noninvasive metabolic and respiratory monitoring
* Use, zeroing, and calibration of transducers
* Application and regulation of intra-aortic assist devices
* Application of invasive and noninvasive cardiac output monitoring
* Postoperative management
* Thrombolytic therapy
* Interpretation of intracranial pressure monitoring
* Interpretation and management of fluid, electrolyte, and metabolic abnormalities
* Interpretation and management of acid-base disturbances
* Use of blood component therapy
* Burn care

Diagnostic and therapeutic procedures:

* Bladder catheterization
* Gastric lavage
* Needle and tube thoracostomy
* Arterial puncture
* Insertion of arterial line
* Insertion of central venous lines
* Insertion of pulmonary artery catheters
* Insertion of hemodialysis and peritoneal dialysis catheters
* Cardioversion
* Paracentesis
* Lumbar puncture
* Thoracentesis
* Laryngoscopy
* Sigmoidoscopy
* Emergency pericardiocentesis
* Emergency cricothyroidotomy
* Cardiac pacemaker insertion and application

Critical Care Medicine - Supplemental Privileges

_____Intravenous conscious sedation
_____Hemodialysis, continuous arteriovenous hemofiltration and hemodialysis
_____Peritoneal dialysis
_____Exchange transfusion
_____Neonatal resuscitation
_____Hyperbaric therapy
_____Intra-aortic balloon assist
_____Extracorporeal membrane oxygenation

_____Interpretation of pulmonary function tests
_____Temporary immobilization of fractures
_____Management of intracranial pressure monitoring
_____Application of hypothermic therapy
_____Autotransfusion techniques
_____Pneumatic antishock garment application

Diagnostic and therapeutic procedures:

_____Fiberoptic bronchoscopy
_____Rigid bronchoscopy
_____Thoracoscopy
_____Cardiac catheterization
_____Bladder aspiration
_____Bone marrow aspiration
_____Esophagoscopy and gastroscopy
_____Cardiac angioplasty
_____Echocardiography
_____Needle biopsy of deep tissue
_____Needle biopsy of superficial tissue
_____Tracheostomy
_____GI endoscopy
_____Peritoneal lavage
_____Transtracheal catheterization
_____Punch biopsy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Dermatology - Core Privileges

Comprehensive examination, consultation, diagnosis, and treatment of dermatologic disorders including:

* Dermatitis
* Acne
* Verrucae
* Superficial fungal infections
* Cutaneous viral infections
* Cutaneous infestations (e.g., lice, scabies)
* Pyodermas
* Drug eruptions
* Contact dermatitis
* Common dermatoses (e.g., psoriasis, lichen planus)
* Routine venereal diseases
* Uncomplicated skin cancer
* Routine benign skin tumors
* Advanced or complicated venereal disease
* Unusual cutaneous infection (e.g., leprosy, deep fungal)
* Cutaneous manifestations of internal disease

Diagnostic tests:

* Darkfield microscopy
* Tzanck smear
* Fungal culture
* Scabies prep
* Potassium hydroxide testing
* Patch testing
* Wood's light examination
* Gram stain
* Phototesting

Procedures:

* Punch biopsy
* Uncomplicated excisions
* Curettage
* Shave biopsy and excision
* Basic electrosurgery
* Basic cryotherapy for benign conditions
* Ultraviolet B therapy
* Ultraviolet A therapy
* Psoralen ultraviolet therapy
* Advanced cryotherapy

Dermatology - Supplemental Privileges

Diagnosis and therapy of:

_____Immunodermatology
_____Advanced or complicated skin cancer
_____Dermatopathology

Procedures:

_____Mohs micrographic surgery
_____Flaps
_____Grafts
_____Hair transplants
_____Dermabrasions
_____Chemical peeling
_____Scalp reduction
_____Liposuction
_____Laser surgery
_____Sclerotherapy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Emergency Medicine - Core Privileges

NOTE: This emergency medicine privileges sheet is to be used only by physicians fully trained in emergency medicine. Other physicians assigned to provide emergency services must add any additional required privileges to the supplemental privilege section of their specialty privilege sheet.

Diagnosis and treatment of:

* Emergency cardiopulmonary and traumatic resuscitation
* Abdominal and gastrointestinal disorders
* Cardiovascular disorders
* Cutaneous disorders
* Disorders related to the immune system
* Disorders caused by biological agents
* Disorders due to chemical and environmental agents
* Hematological disorders
* Hormonal, metabolic, and nutritional disorders
* Disorders of the head and neck
* Disorders primarily presenting in infancy and childhood
* Musculoskeletal disorders
* Nervous system disorders
* Psychobehavioral disorders
* Thoracic-respiratory disorders
* Urogenital disorders
* Administrative aspects of emergency medicine
* Prehospital or emergency medicine service care

Skills and procedures:

* Anesthesia: intravenous (upper extremity), local, and regional
* Parenteral sedation and analgesia
* Anoscopy
* Arthrocentesis
* Bladder catheterization: suprapubic and transurethral
* Cannulation: artery and vein
* Cardiac defibrillation
* Cardiac massage closed
* Cardiac massage open
* Cardiac pacing: external, transthoracic, and transvenous
* Cardiorrhapy
* Cardioversion
* Central venous access via jugular, peripheral, subclavian, femoral, and cutdowns
* Placement of cervical traction tongs
* Cricothyrotomy
* Culdocentesis
* Delivery of newborn
* Electrocardiogram interpretation
* Endotracheal intubation: oral and nasal
* Esophageal obturator airway insertion
* Foreign body removal
* Fracture or dislocation reduction
* Fracture or dislocation immobilization
* Gastric lavage
* Heimlich maneuver
* Incision-drainage
* Intracardiac injection
* Laboratory studies and interpretation

* Laryngoscopy
* Lumbar puncture
* Nail trephination
* Nail removal
* Nasal cautery
* Nasal packing
* Nasogastric intubation
* Ocular tonometry
* Oxygen therapy
* Paracentesis
* Pericardiocentesis
* Pericardiotomy
* Peritoneal lavage
* Radiographic studies and interpretation
* Respirators: manual and mechanical
* Senkstaken-Blakemore tube placement
* Skin grafting
* Slit lamp examination
* Spinal immobilization
* Swan Ganz catheter insertion
* Thoracentesis
* Thoracostomy tube drainage
* Thoracotomy
* Wound debridement and repair
* Wound dressing

Emergency Medicine - Supplemental Privileges

_____Caesarean section-maternal perimortem
_____Skull trephination-perimortem (recommended where neurosurgery backup is not available within 30 minutes)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Endocrinology - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of diseases of the endocrine system
* Management of hormone delivery systems
* Management of diabetes with home blood glucose monitoring
* Interpretation of static and dynamic endocrine function testing
* Analysis of lipoprotein phenotypes and interpretation of lipoprotein electrophoresis

Endocrinology - Supplemental Privileges

_____Fine needle aspiration biopsy of the thyroid
_____Performance of dynamic endocrine testing
_____Radioimmunoassay of specific hormones
_____In vitro radio receptor and tissue culture assays
_____Bone biopsy
_____Radioactive iodine therapy of Graves' disease and thyroid cancer
_____Management of severely obese patients on hypocaloric diets
_____Analysis and interpretation of bone mineral density

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Family Practice - Core Privileges

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for prenatal care, vaginal delivery, and postpartum care, including:

* Induction of labor and pitocin management
* Antepartum fetal monitoring
* Obstetrical ultrasound for determination of:
  - Amniotic fluid index
  - Fetal viability, position
* Repair of obstetric lacerations
* Manual removal of the placenta, post-delivery
* External and internal fetal monitoring
* Management of uncomplicated labor
* Management of spontaneous vaginal delivery
* Arrest of active phase of labor
* Preeclampsia, mild and moderate
* Episiotomy and repair
* Postpartum hemorrhage
* Postpartum endometritis
* Caesarian section, first assistant

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for care of the newborn, including:

* Neonatal resuscitation and intubation
* Newborn circumcision
* Sepsis
* Hyperbilirubinemia
* Respiratory distress syndrome

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for adult medical care, including:

* Cardiopulmonary resuscitation
* Management of ICU and CCU patients
* Stress electrocardiography
* Asthma
* Serum sickness
* Coronary artery disease
* Myocardial infarction, not complicated by serious arrhythmias or severe cardiac ecompensation
* Congestive heart failure
* Rheumatic heart disease
* Cardiac monitoring
* Interpretation of electrocardiograms
* Collagen vascular diseases
* Peptic ulcer disease
* Gastrointestinal bleeding, acute and chronic
* Intestinal obstruction, diagnosis
* Cholecystitis
* Pancreatitis
* Ulcerative colitis
* Thrombophlebitis
* Anemia, chronic
* Leukemia, chronic
* Thrombocytopenia
* Hepatitis
* Cirrhosis

* Hypertension
* Diabetes mellitus
* Diabetic ketoacidosis
* Diabetic hyperosmolar coma
* Thyroid diseases
* Pneumonia
* Emphysema
* Pneumothorax
* Pulmonary embolus
* Nephritis
* Pyelonephritis
* Renal failure, acute and chronic
* Osteoarthritis
* Rheumatoid arthritis
* Gouty arthritis
* Fluid and electrolyte disorders
* Meningitis
* Drug overdose
* Hypertensive crisis

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for medical care of children, including:

* Well child care
* Office pediatric problems
* Pneumonia
* Urinary tract infections
* Well child care
* Office pediatric problems
* Pneumonia
* Urinary tract infections
* Behavior problems
* Failure to thrive
* Status asthmaticus

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for dermatologic problems, including:

* Urticaria, acute and chronic
* Actinic keratosis
* Psoriasis
* Basal cell epithelioma
* Excisional biopsy
* Cryotherapy

Evaluation, examination, diagnosis, treatment, preventive care, family planning and contraception, and discharge planning of outpatients and inpatients for gynecologic care, including:

* Cervical biopsy
* Pap smear
* Diaphragm fitting
* Endometrial biopsy
* Culdocentesis
* Vaginal infections
* Gynecologic infections
* Dysfunctional uterine bleeding
* Chronic pelvic pain
* Insertion of intrauterine devices
* Infertility devices

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for neurologic problems, including:

* Lumbar puncture
* Seizure disorders
* Demyelinating disorders
* Stroke

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for Parkinson disease ophthalmologic problems, including:

* Removal of superficial ocular foreign bodies
* Ocular tonometry (Schiotz)

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for orthopedic problems, including:

* Management of nondisplaced fractures
* Low back pain
* Septic arthritis
* Closed reduction of simple fractures and dislocations
* Compartment syndrome, diagnosis and emergency management

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for otorhinolaryngologic problems, including:

* Removal of nasal foreign body
* Placement of anterior and posterior nasal hemostatic packing
* Removal of foreign body from the ear
* Endotracheal intubation, pediatric and adult
* Tympanometry
* Epistaxis
* Anterior nasal packing

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for surgical problems, including:

* Local anesthetic techniques
* Peripheral nerve block
* Repair of lacerations including those requiring more than one layer of closure
* Incision and drainage of abscesses
* Skin punch biopsy
* Excision of skin and subcutaneous lesions
* Incision and drainage of hemorrhoids
* Central venous pressure catheterization
* Venous cutdown
* Paracentesis
* Tube thoracostomy
* Breast cyst aspiration
* First assistant, major surgery
* Sigmoidoscopy with flexible and rigid sigmoidoscopes to 35 or 65 centimeter lengths
* Thoracentesis
* Arthrocentesis
* Burns, superficial and partial thickness
* Excision of cutaneous and subcutaneous tumors and nodules
* Biopsy of superficial lymph nodes
* Needle biopsy
* Anal fissure

* Pilonidal cyst excision

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for psychologic and psychiatric problems, including:

* Psychotic disorders
* Mood disorders
* Organic mental disorders
* Anxiety disorders
* Alcoholism and substance abuse disorders
* Personality disorders
* Somataform disorders

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for urologic problems, including:

* Epididymitis
* Testicular torsion
* Nephrolithiasis
* Suprapubic bladder aspiration
* Prostatitis
* Pyelonephritis

Family Practice - Supplemental Privileges

_____Vaginal probe ultrasound for documentation of intrauterine pregnancy in the first trimester
_____Obstetrical ultrasound for determination of:
Head circumference
Femur length
Crown-rump length for 1st trimester dating
_____Obstetric ultrasound; fetal and placental survey
_____Low forceps delivery (outlet forceps)
_____Vacuum-assisted delivery
_____Hysterosalpinpgraphy
_____Epidural anesthesia for labor and delivery
_____Caesarean section, primary surgeon
_____Vaginal breech delivery
_____Amnioinfusion
_____Amniocentesis
_____Newborn umbilical vessel catheterization
_____Cervical cryotherapy
_____Colposcopy
_____Diagnostic cervical dilation and uterine curettage
_____Paracervical Block
_____Uterine curettage following incomplete abortion
_____Cardioversion, elective
_____EGD
_____Liver biopsy
_____Pinch skin graft
_____Extensor tendon repair
_____Hemorrhoidectomy
_____Arterial line insertion
_____Osteopathic manipulative therapy
_____Vasectomy
_____Bone marrow aspiration and biopsy
_____Intrathecal analgesia
_____Nasopharyngoscopy
_____Thrombolic Therapy
_____Intravenous conscious sedation (doses which may result in unconsciousness or loss of protective reflexes)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Flight Surgeon - Core Privileges

* Operational and primary care medicine core privileges

Preliminary diagnosis and treatment or stabilization of:

* Acute ear, nose, and throat emergencies (including trapped and evolved gas problems, obstruction, masses, infections, vertigo, and tinnitus of rapid onset)
* Corneal and other ophthalmic foreign bodies
* Acute pulmonary problems including high altitude dysbarism, type II decompression sickness (chokes), pneumothorax, pulmonary embolism, pulmonary effusion, acceleration atelectasis
* Trapped and evolved gas high altitude dysbarism of all types

Comprehensive examination, diagnosis, and management of:

* Aviation physical examination including chest x-ray, 12 lead electrocardiogram, audiometry, objective and manifest eye refraction, Schiotz and puff onometry, depth perception, Maddo Rod measurement of ocular balance, and color vision
* Evaluation of sinus series, skull films, and comprehensive spine series, while at sea
* Eye examination and refraction for spectacle fitting
* Outpatient psychiatric interview, screening for aeronautical adaptability determinations, adjustment and behavioral disorders, neurosis and psychosis screening
* Manage aeromedical programs within squadrons, carrier air groups, and wings
* Provide basic crash investigation services

Flight Surgeon - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Gastroenterology - Core Privileges

Comprehensive consultation, examination, diagnosis, and treatment of gastrointestinal, hepatic, pancreatobiliary, and nutritional diseases

Procedures:

* Esophagogastroduodenoscopy, including biopsy
* Esophageal dilation (bougienage, guidewire, TTS balloon)
* Proctoscopy
* Flexible sigmoidoscopy, including biopsy
* Colonoscopy, including biopsy and polypectomy
* Percutaneous liver biopsy
* Percutaneous endoscopic gastrostomy
* Gastrointestinal motility studies, including esophageal manometry
* Nonvariceal hemostasis, (thermal and injection), both upper and lower GI tract
* Variceal hemostaisis
* Enteral and parenteral alimentation
* Intravenous conscious sedation

Gastroenterology - Supplemental Privileges

_____Laser therapy of gastrointestinal lesions
_____Diagnostic abdominal laparoscopy (peritoneoscopy), with directed biopsy
_____Endoscopic retrograde cholangiopancreatography
_____(diagnostic), including placement of nasobiliary stent
  _____with sphincterotomy
  _____with dilation
  _____with sphincter of Oddi manometrics
  _____with temporary stent placement
  _____with permanent wallstent placement
_____Enteroscopy (sonde or push-type)
_____Pneumatic dilation (aschalasia)
_____Rectal manometrics
_____Hemorrhoidal therapy (banding, thermal, other)
_____Esophageal stent placement
_____Dilation procedures in stomach, small intestine, and colon
_____Endoscopic ultrasonography

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

General Surgery - Core Privileges

* Comprehensive general surgery examinations, consultation, diagnosis, and treatment planning
* Operational medicine and primary care medicine core privileges

Assessment with operative or nonoperative treatment of:

* Trauma
* Wounds and conditions of soft tissue including aspiration, biopsy, and repair
* Cysts and abscesses to include aspiration and incision and drainage
* Conditions involving the thyroid, parathyroid, and adrenal gland
* Condition of the ovary and testes
* Abdominal wall hernias
* Tumors, congenital, and inflammatory diseases of the gastrointestinal tract
* Tumors, congenital, and inflammatory diseases of the liver and biliary tract
* Breast conditions to include aspiration, biopsy, and evaluation
* Abdominal wall hernias
* Peptic and duodenal ulcer disease
* Varicose veins

Procedures:

Insertion of monitoring catheters and intravenous lines

* Skin grafting
* Nerve and artery biopsy
* Lymph node biopsy or excision
* Tracheostomy
* Thoracentesis
* Radical, modified radical, total, and segmental mastectomies
* Paracentesis, peritoneal lavage, endoscopy with or without biopsy
* Gastrotomy and gastrostomy
* Hemorrhoidectomy, fissurectomy, fistulectomy, and sphincterotomy
* Exploratory laparotomy
* Ostomy formation and management
* Drainage of intraperitoneal abscess
* Internal hernia including diaphragmatic
* Splenectomy and splenorrhaphy
* Tube thoracostomy
* Pericardiocentesis
* Repair of wound disruptions
* Major and minor amputations
* Radical groin and auxillary dissection with or without removal of limb
* Appendectomy

General Surgery - Supplemental Privileges

_____Insertion of pacemaker wires
_____Burn care
_____Assessment and treatment of tumors, congenital and inflammatory conditions of the mouth, face, and throat
_____Repair and reconstruction of vascular abnormalities, injuries, or diseases (includes placement of vascular grafts and arterioplasties)
_____Endoscopic dilation or sphincterotomy
_____Colonoscopy and upper gastrointestinal endoscopy, with or without biopsy
_____Cranial burr holes
_____Excision of salivary glands
_____Esophageal resection

_____Radical neck dissection
_____Partial hepatectomy, segmentectomy, and lobectomy
_____Pancreatectomy and other pancreatic surgery
_____Vena cava interruption, sympathectomy
_____Pleural abrasion and pleurectomy
_____Pulmonary wedge resection and pulmonary lobectomy
_____Pneumonectomy
_____Portacaval or other shunt
_____Intravenous conscious sedation
_____Laparoendoscopy with or without biopsy
_____Basic laparoendoscopic operative procedures to include:
    _____Cholecystectomy
    _____Herniorrhaphy (ventral or inguinal)
    _____Appendectomy
_____Advanced laparoendoscopic operative procedures to include:
    _____Intestinal resection with or without anastomosis
    _____Nissen fundoplication
    _____Vagotomy, seromyotomy, pyloromyotomy, or pyloroplasty
    _____Common bile duct exploration
    _____Splenectomy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Hematology - Core Privileges

Diagnosis, evaluation, and treatment of hematologic disorders including:

* Etiology, epidemiology, natural history, diagnosis and management of neoplastic diseases of the blood, blood-forming organs and lymphatic tissues
* Morphology, physiology and biochemistry of blood, marrow, lymphatic tissue and spleen
* Related basic fields including immunology, pharmacology, cell biology and molecular genetics
* Basic pathophysiologic mechanisms and therapy of diseases of the blood including anemias, diseases of white cells and disorders of hemostasis and thrombosis
* Effects of other systemic disorders of the blood, blood-forming organs and lymphatic tissues, and management of the immunocompromised patient
* Genetic aspects of hematology
* Relevant drugs, clinical indications and limitations including effects, toxicity, and interactions
* Tests of hemostasis and thrombosis for both congenital and acquired disorders, and regulation of antithrombotic therapy
* Transfusion medicine including the evaluation of antibodies, blood compatibility and the use of blood-component therapy and apheresis
* Pain management

Procedural Skills:

* Bone marrow aspiration and biopsy
* Preparation and interpretation of peripheral blood smears and bone marrow aspirates
* Administration of chemotherapy intravenously, intrathecally, intrapleurally and intraperitoneally
* Phlebotomy
* Management and care of indwelling access catheters
* Bleeding time
* Paracentesis
* Thoracentesis
* Management of immunocompromised patients

Hematology - Supplemental Privileges

_____Needle aspiration of superficial nodes and masses

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Infectious Disease - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of all infectious disease
* Gross and microscopic examination of specimens
* Gram stain and acid-fast staining of body fluids
* Malaria smear preparation
* Lumbar puncture
* Counseling for HIV-infected individuals
* Penicillin skin testing and desensitization

Infectious Disease - Supplemental Privileges

_____Intrathecal antibiotics
_____Splenic puncture
_____Liver and bone marrow biopsy
_____Thoracentesis and pleural biopsy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Internal Medicine - Core Privileges

* Diagnosis and management of medical conditions involving allergy and immunology, cardiology, endocrinology, gastroenterology, hematology, oncology, infectious diseases, nephrology, pulmonary medicine, and rheumatology.

Procedural skills:

* Skin testing (allergy and cell mediated) interpretation
* Central venus pressure and Swan Ganz interpretation
* Electrocardiogram performance and interpretation
* Potassium hydroxide prep
* Home glucose monitoring
* Abdominal paracentesis
* Gastric tube insertion
* Proctosigmoidoscopic examination
* Pelvic examination with associated laboratory evaluations (PAP smear, trichomonas, monilia, sexually-transmitted diseases)
* Blood smear technique and interpretation
* Bone marrow aspiration
* Gram stain
* Lumbar puncture
* Arterial venous puncture techniques
* Outpatient pulmonary function studies
* Mechanical ventilator support
* Thoracentesis
* Tracheal suctioning
* Chest x-ray interpretation
* Urethral catheterization
* Urine analysis including microscopic
* Bursa and joint aspiration and injection, basic analysis of joint fluid
* Intramuscular, subcutaneous, and intracutaneous injections

Internal Medicine - Supplemental Privileges

_____Anesthesia; local infiltration
_____Arterial cannula placement
_____Biopsy of the liver and pleura
_____Cardioversion, elective
_____Dialysis; hemo and peritoneal
_____Exercise cardiovascular stress test; performance and interpretation
_____Holter monitoring
_____Incision and drainage of abscesses
_____Intestinal intubation
_____Repair of lacerations
_____Temporary pacemaker insertion
_____Pericardial tap
_____Swan Ganz catheter placement
_____Tensilon test
_____Tzanck smear

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Neonatology - Core Privileges

* Recognition of fetal distress, including abnormal fetal heart rate patterns and abnormal scalp and cord pH's
* Neonatal advanced life support
* Recognition and initial management of dysrhythmias
* Conventional ventilatory management of newborns, including but not limited to, surfactant deficiency, pneumonia, shock lung, meconium aspiration, pulmonary hypertension, pulmonary hemorrhage, pulmonary hypoplasia, diaphragmatic hernia, lung cysts, and masses
* Diagnosis, preoperative, and postoperative management of intestinal obstruction, vovulus, abdominal wall defects, esophageal and tracheal anomalies, and diaphragmatic hernias
* Transport of critically ill infants
* Supervision or assistance in the instruction of other health care professionals seeing children (e.g., neonatal resuscitation and pediatric advanced life support)

Differential diagnosis, workup, and management of:

* Small and large for gestational age infants
* Cyanosis and respiratory distress
* Congenital heart disease including cyanotic heart disease
* Congestive heart failure
* Hypertension
* Shock, including but not limited to hypovolemic, septic, and cardiogenic shock
* Upper airway anomalies
* Parenchymal lung disease, cyst, and masses
* Apnea
* Tachypnea
* Anemia
* Polycythemia
* Thrombocytopenia
* Hyperbilirubinemia
* Disseminated intravascular coagulopaghy and bleeding disorders
* Hypoglycemia
* Ambiguous genitalia
* Inborn errors of metabolism
* Seizures
* Congenital anomalies, including chromosomal abnormalities and dysmorphic syndromes

Diagnosis and management of:

* Omphalitis
* Osteomyelitis and septic arthritis
* Necrotizing enterocolitis
* Intracranial hemorrhage and ischemia
* Patent ductus arteriosus
* Premature infant
* Chronic lung disease
* Conventional ventilator complications, including but not limited to, air leaks
* Bacterial, viral, and fungal sepsis, septic shock, and meningitis
* Fluid and electrolytes
* Short and long term enteral and parenteral nutrition
* Infant of a diabetic mother
* Inappropriate antidiuretic hormone, diabetes insipidus, and congenital adrenal hypoplasia

* Acute renal failure, acute tubular necrosis, polyuria, urinary tract infections
* Perinatal asphyxia
* Substance abuse withdrawal and injury
* Hydrocephalus before and after shunt placement, if needed

Diagnostic and therapeutic procedures:

* Lumbar puncture
* Umbilical artery catheter placement
* Umbilical vein catheter placement
* Partial exchange transfusion
* Double volume exchange transfusion
* Thoracentesis
* Thoracotomy tube placement
* Suprapubic bladder tap
* Percutaneous indwelling arterial line
* Emergent pericardiocentesis
* Emergent pericentesis

Neonatology - Supplemental Privileges

_____High frequency jet and oscillatory ventilation
_____Artificial surfactant administration
_____Extracorporeal membrane oxygenation

Diagnostic and therapeutic procedures:

_____Peripheral venous cutdown
_____Peripheral arterial cutdown
_____Indwelling total parenteral nutrition cuffed line, including Broviac and Hickman
_____Central venous pressure lines, including subclavian, internal and external jugular, and femoral using Seldinger wire technique or cutdown

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Nephrology - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of kidney disease, including chronic and acute renal failure
* Acute hemodialysis
* Acute peritoneal dialysis
* Chronic hemodialysis
* Chronic peritoneal dialysis
* Acute charcoal hemoperfusion

Nephrology - Supplemental Privileges

_____Percutaneous renal biopsy
_____Acute peritoneal dialysis catheter placement
_____Continuous arteriovenous hemofiltration

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Neurology - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of diseases of the central nervous system including the brainstem and spinal cord
* Diseases of peripheral nerves, including traumatic injuries, but not requiring surgical repair
* Diseases of the brachial and lumbar plexuses, including traumatic, but not requiring surgical repair
* Diseases of the neuromuscular junction, including toxic and metabolic conditions
* Diseases of muscle, including dystrophies, inflammatory, and metabolic myopathies, but not requiring ventilatory support
* Diseases involving the cranial nerves of the brainstem, but not requiring ventilatory or circulatory support or parenteral alimentation
* Psychiatric disease, including character disorders, neurosis, and psychosis, but not considered life-threatening
* Epilepsy, including cases difficult to control
* Cerebral or brainstem infarction, embolus or hemorrhage, with altered level of consciousness
* Diseases of the central or peripheral nervous systems, myoneural junction or vascular assistance, with or without parenteral fluid, electrolyte, caloric maintenance
* Accelerated hypertension with encephalopathy
* Infectious disease in patients with neurological impairment, including pulmonary, renal and bloodstream infections, endocarditis, purulent and nonbacterial meningitis, encephalitis, and focal suppurative encephalitis (abscess), but without focal cerebral mass effect
* Renal, pulmonary, and cardiac insufficiency and decompensation in patients with neurological disease
* Systemic and focal vasculitides with involvement of the central nervous system or the somatic musculature
* Coma from all causes, including toxic, metabolic, infectious, inflammatory, degenerative disease, that due to endocrinopathy, with or without increase intracranial pressure (due to focal mass effect or of a more generalized nature)
* All diseases of the central or peripheral nervous systems, myoneural junction or somatic musculature leading to the need for ventilatory or vascular life support systems, including patients requiring parenteral alimentation including hyperalimentation
* Psychiatric illnesses considered life-threatening, including, but not limited to, depressive neurosis with suicidal ideation and paranoid schizophrenia with homicidal tendencies
* Status epilepticus from all causes

Procedures:

* Invasive monitoring procedures including intracranial pressure monitoring, central venous pressure lines, intra-arterial pressure lines, and Swan Ganz catheters
* Intrathecal administration of medication
* Lumbar puncture
* Electroencephalography, both recording and interpretation
* Electromyography and nerve conduction velocity studies
* Evoked potentials: auditory, visual, and somatosensory

Neurology - Supplemental Privileges

_____Cisterna magna and high cervical vertebral interspace puncture
_____Muscle biopsy
_____Myelography
_____Transcutaneous angiography of the cerebral vessels

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Neurosurgery - Core Privileges

Comprehensive neurosurgery examination, consultation, diagnosis, and treatment of nervous system conditions including:

* Coma
* Intracranial hemorrhage
* Status epilepticus
* Intractable pain
* Spine and spinal cord injury or tumor
* Brain injury
* Peripheral nerve injury or tumor
* Intracranial tumor
* Cerebrovascular occlusion
* Extra cranial carotid or vertebral artery disease
* Congenital anomalies of the brain and spinal cord
* Meningitis
* Brain abscess
* Intervertebral disc disease

Diagnostic or therapeutic procedures:

* Myelography
* Nerve biopsy
* Muscle biopsy
* Cranial burr holes
* Elevation of depressed skull fracture
* Cranioplasty
* Laminectomy
* Anterior cervical disc excision
* Peripheral nerve surgery
* Insertion of intracranial pressure monitor or ventriculostomy
* Cisternal puncture
* Ventricular taps
* Application of skeletal traction
* Subdural taps
* Ventriculography
* Angiography
* Needle biopsy of brain
* Craniotomy for tumor aneurysm, arteriovenous malformation, trauma, abscess
* Cranial reconstruction
* Surgery for cranial nerve compression syndrome
* Shunts for hydrocephalus
* Transsphenoidal surgery for pituitary or base of skull
* Extracranial vascular reconstruction
* Repair meningomyelocele
* Pneumoencephalograph
* Percutaneous cordotomy
* Application of halo

Neurosurgery - Supplemental Privileges

Stereotactic surgery for:

_____Epilepsy
_____Pain
_____Movement disorders
_____Psychiatric disorders
_____Tumor

Percutaneous therapy for disc herniation:

_____Chemonucleolysis
_____Percutaneous disecectomy
_____Ablative surgery for epilepsy
_____Spinal instrumentation and fusion
_____Extra-intracranial anastomosis
_____Intracranial vascular reconstruction
_____Intraoperative use of laser

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Nuclear Medicine - Core Privileges

- Supervise the preparation of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
- Supervise the administration of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
- Supervise the use of unsealed radionuclides and radio pharmaceuticals for diagnostic examinations of patients
- Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals
- Supervise the use of unsealed radionuclides for therapeutic purposes
- Supervise performance of radioimmunoassay examinations
- Supervise the management of radioactively contaminated patients and facilities

Nuclear Medicine - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Obstetrics And Gynecology - Core Privileges

NOTE: This obstetrics and gynecology privileges sheet is to be used only by physicians fully trained in obstetrics and gynecology. Other practitioners assigned to provide obstetric and gynecology services must add any additional required privileges to the supplemental privilege section of their specialty sheets.

Obstetrics:

* Routine prenatal, perinatal, and post partum care
* Management of high-risk obstetric patients
* Application of internal fetal and uterine monitors
* Augmentation and induction of labor by use of oxytocin
* Obstetric sonography, level I
* Management of normal labor and delivery, including episiotomy
* Amnio-infusion
* Aminotomy
* Operative vaginal delivery (including forceps, vacuum extraction, breech extraction, internal podalic version and extraction)
* Manual removal of placenta
* Amniocentesis

Gynecology:

* Performance of gynecology screening examinations
* PAP smear
* Diagnosis and treatment of vaginitis, sexually transmitted diseases, abnormal uterine bleeding, and pelvic pain
* Colposcopy with vulvar, vaginal, and cervical biopsy
* Repair of obstetric lacerations
* Outpatient therapy of condyloma and intra-epithelial neoplasia
* Routine care of the normal neonate
* Resuscitation of the asphyxiated neonate
* Caesarean section
* External cephalic version
* Management of postpartum hemorrhage
* Management of major medical and surgical complications of pregnancy, labor, and delivery (including hemorrhage, sepsis, severe preeclampsia, and eclampsia)
* Use of intravaginal, intraamniotic, and intramuscular prostaglandin
* Cervical cerclage
* Hysterosalpingography
* Contraceptive counseling and prescription, including insertion of intrauterine devices
* Minor gynecologic surgical procedures (endometrial biopsy, dilatation and curettage, treatment of Bartholin cyst and abscess)
* Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
* Culdocentesis and paracentesis
* Aspiration of breast masses
* Gynecologic sonography
* Urethroscopy and female urodynamic evaluation
* Hysteroscopy
* Laparoscopy
* Suction curettage, for pregnancy termination and management of incomplete, missed, or inevitable abortion
* Tubal sterilization

* Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
* Abdominal and vaginal hysterectomy
* Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
* Surgical treatment of stress urinary incontinence
* Vaginal plastic suspension and repair procedures
* Transabdominal suspension of the uterus and vagina
* Subradical vulvar surgery
* Presacral neurectomy
* Tuboplasty and other infertility surgery (not microsurgical)
* Cervical conization

Obstetrics And Gynecology - Supplemental Privileges

Obstetrics:

_____Subarachnoid block anesthesia, for delivery
_____Epidural anesthesia, for labor and delivery
_____Level II and level III obstetric sonography
_____Intrauterine fetal transfusion
_____Other intrauterine fetal surgery

Gynecology:

_____Vulvar, vaginal, and cervical laser surgery
_____Radical surgery for gynecologic malignancy
_____Chemotherapy
_____Microsurgical tubal reanastomosis and other microsurgical infertility procedures
_____Laparoscopic laser surgery
_____Intraabdominal laser surgery
_____Pelviscopic surgery
_____Dilation and evacuation, for late second trimester pregnancy termination
_____Metroplasty
_____Reconstructive surgery for ambiguous genitalia
_____Sonographically and computer tomography: guided needle aspirations, drainage and biopsy

Obstetrics And Gynecology - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Occupational Medicine - Core Privileges

Comprehensive occupational medicine evaluation and management of workers and worksites; evaluation, consultation, diagnosis, treatment, and prevention planning for individuals and population groups with or at risk for occupational and environmental disease conditions due to exposures to chemical, physical, biological, or ergonomic stressors. The evaluation may include epidemiological investigation, industrial hygiene exposure information, physical exam, biological monitoring, and other assessment methods used for preventive medicine analysis.

Specific occupational and environmental disease conditions include:

* Occupational pulmonary disease (including the pneumoconioses)
* Occupational skin disease
* Occupational musculoskeletal disease (including cumulative trauma disorders)
* Occupational communicable disease
* Occupational hypersensitivity disorders
* Occupational renal disorders
* Occupational reproductive disorders
* Occupational neurologic, behavior, or psychiatric disorders
* Occupational hematological disorders
* Occupational gastrointestinal or hepatic disorders
* Physical agent disorders (includes heat, cold, ambient pressure extremes, ionizing and nonionizing radiation, noise, and vibration)
* Occupational disease and injury outbreaks
* Toxicological conditions and hazards
* Substance abuse or dependence
* Environmental illness and hazards (including air and water pollution, and indoor air quality)

Diagnostic or therapeutic procedures:

Clinical care:

* Evaluation and treatment of minor illnesses and injuries
* Provide clinical health promotion services
* Medical surveillance or certification exams
* Impairment and disability exams or evaluations
* Acute exposure evaluations

Tests:

* Interpretation of spirometry testing
* Interpretation of toxicologic tests
* Interpretation of biological monitoring
* Initial interpretation of radiographs
* Interpretation of audiograms
* Interpretation of industrial and environmental hygiene sampling results

Epidemiology:

* Epidemiologic study design
* Risk assessment
* Perform basic epidemiologic investigation
* Apply standard biostatistical tests and epidemiologic methods
* Analysis of health care, injury, and occupational health and disease data

Occupational medicine program management:

* Determine medical surveillance elements
* Evaluation of workplace monitoring program and medical surveillance program

* Medical management of Federal Employee Compensation Act Program (including managed care)
* Health hazard evaluations
* Environmental medicine
* Communicable disease prevention
* Health promotion

Occupational Medicine - Supplemental Privileges

_____Chelation treatment
_____Hyperbaric chamber treatment
_____B-reader interpretation of pneumoconiosis radiographs
_____Disaster preparedness (mass casualty) design and management
_____Extreme thermal stress management and treatment
_____Travel medicine consultation
_____Prescribe and administer mass treatment, immunization, and medications to control epidemics or occupational disease outbreak
_____Medical review officer (MRO)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Oncology - Core Privileges

Diagnosis, evaluation, and treatment of oncologic disorders including:

* The etiology of cancer including predisposing causal factors leading to neoplasia
* The epidemiology and natural history of cancer
* Fundamental concepts of cellular and molecular biology, cytogenetics, basic and clinical pharmacology (including pharmacokinetics & toxicity) and tumor immunology
* Management of research and nonresearch treatment protocols
* Antineoplastic therapy, including chemotherapeutic drugs and biologic response modifiers available for treatment of neoplastic diseases as well as the indications, limitations,and complications of their use in specific clinical situations
* The indications and limitations of surgery and radiation therapy in the treatment of cancer
* Concepts of supportive care, including hematologic, infectious, disease, and nutritional
* Rehabilitation and psycho-social aspects of clinical management of the cancer patient
* Correlation of clinical information with the finding of cytology, histology, and imaging techniques
* Pain management

Procedural skills:

* Pelvic examination
* Marrow aspiration and biopsy and interpretation of aspirate
* Serial measurement of palpable tumor masses
* Management and care of indwelling access catheters
* Administration of chemotherapeutic agents intravenously, intrathecally, intrapleurally, and intraperitoneally
* Paracentesis
* Thoracentesis
* Management of immunocompromised patients

Oncology - Supplemental Privileges

_____Needle aspirates of superficial nodes and masses
_____Indirect laryngoscopy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Operational Medicine and Primary Care Medicine - Core Privileges

Preliminary diagnosis, initial treatment, or stabilization of:

* Myocardial infarction
* Cardiac dysrhythmia
* Fluid and electrolyte disorders (all age groups)
* Heat stroke
* Burns
* Shock
* Fractures
* Penetrating wounds
* Depressed level of consciousness and coma
* Abdominal surgical emergencies (all age groups)
* Appendicitis
* Gastrointestinal disorders
* Psychosis and potential suicide
* Poisoning
* Pyelonephritis
* Testicular torsion
* Hernia
* Urinary calculi
* Pulmonary insufficiency
* Decompression sickness
* Penetrating eye injuries
* Iritis
* Glaucoma
* Psoriasis and skin malignancy
* Pregnancy
* Pelvic pain
* Pelvic inflammatory disease
* Dysfunctional uterine bleeding
* Threatened, incomplete, and completed abortion
* Well child care
* Pediatric preventive care counseling
* Pediatrics including otitis, bronchitis, pneumonia, asthma, gastroenteritis, and viral exanthems
* Drug overdose
* Ruptured tubal ectopic pregnancy

Diagnostic or therapeutic procedures:

* Lumbar puncture
* Arterial blood gas sampling
* Initial interpretation of electrocardiogram before consultant confirmation
* Initial interpretation of chest, abdominal, skull, facial bone, and extremity x-rays before consultant confirmation
* Incision and drainage of superficial abscesses
* Preparation and interpretation of potassium hydroxide and saline mounts for pathogens
* Incision and drainage of thrombosed external hemorrhoids
* Bladder catheterization
* Removal of corneal foreign bodyUse of Schiotz tonometer
* Initial interpretation of audiogram before consultant confirmation
* Preparation and interpretation of Gram stains for pathogens
* Performance of PAP smears
* Performance of pelvic examination
* Splinting or stabilizing spine and extremity fractures
* Performance of fluorescein stain for conjunctival lesions

* Suture closure of 1° layer wounds
* Eye irrigation
* Local infiltration anesthesia
* Intravenous infusion

Comprehensive examination, diagnosis, and management of:

* Uncomplicated gynecologic problems, including vaginitis and sexually transmitted disease, contraception advice, prescription of oral contraceptives, and screening pelvic examination
* Uncomplicated internal medicine problems, including cardiac disease, arthritis, gastrointestinal disease, hepatic disease, hypertension, anemia, pulmonary disease, renal disease, diabetes, neurologic disease, and thyroid disease
* Uncomplicated dermatologic problems, not to include psoriasis or malignancy, but including acne, verruca, herpes simplex, seborrhea, dyshidrosis, scabies, pediculosis, cold injury, immersion dermatitis, plantar warts, corns, and calluses
* Uncomplicated orthopedic problems including muscle strain, sprains, low back pain, bursitis, tendonitis, and minor musculoskeletal trauma
* Uncomplicated otolaryngologic problems, including otitis media and externa, cerumen occlusion of canal, pharyngitis, laryngitis, removal of nasal or auditory canal foreign body, nosebleed, and rhinitis
* Uncomplicated urologic problems, including cystitis, prostatitis, epididymitis, and sexually-transmitted disease
* Uncomplicated behavioral problems, including crisis intervention, short-term individual counseling for difficulty with interpersonal relationships or adapting to authority, and problems related to substance use and abuse
* Uncomplicated environmental or occupationally-related problems, including asbestos, heat, and noise exposure screening and monitoring
* Uncomplicated ophthalmologic problems, including conjunctivitis, visual acuity testing, corneal abrasion, and conjunctival foreign body
* Routine, uncomplicated prenatal care, up to 20 weeks gestation

Operational Medicine and Primary Care Medicine - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Ophthalmology - Core Privileges

Comprehensive ophthalmic history, evaluation, diagnosis, and treatment of eye disorders (in all age groups) including:

* Strabismus and amblyopia
* Cataract
* Orbital, adnexal, and occuloplastic disorders
* Retinal disease
* Neuroophthalmic disorders
* Corneal and external diseases
* Glaucoma

Diagnostic and therapeutic procedures:

* Visual acuity evaluation
* Tonography and tonometry, contact and noncontact
* Spectacle prescribing
* Measurements, including pupillary distance, near point of convergence, exophthalmometry, and accommodation
* Color vision assessment
* Refractions, manifest and cycloplegic
* Pupil dilation
* Visual field testing and interpretation
* Eye irrigation
* Prescribe artificial tears and topical ophthalmic lubricants
* Contact lens prescribing and modifications
* Electrophysiological test interpretation
* Biomicroscopy using slit lamp
* Gonioscopy
* Direct ophthalmoscopy
* Indirect ophthalmoscopy, with scleral depression
* Orthoptic techniques
* Low vision evaluation and prescribing of low vision devices
* Evaluation of pupillary reflexes
* Evaluation and treatment of amblyopia
* Pachymetry
* Stereopsis and binocular vision evaluation
* Examination of the eye under anesthesia
* Enucleation and evisceration
* Removal of intraocular foreign body
* Iridectomy for removal of lesion
* Cataract extraction with intraocular lens insertion
* Repair of penetrating eye injury
* Excision of corneal lesion
* Excision of conjunctival lesion
* Secondary intraocular lens insertion
* Removal of intraocular lens
* Anterior vitrectomy, limbal approach
* A and B mode ultrasound examination
* Retinal cryopexy
* Vitreous tap and intravitreal injection
* Conjunctival flap
* Interpretation of fluorescent angiograms
* Eyelid reconstruction
* Surgical correction of strabismus
* Repair of orbital floor (blowout) fracture
* Surgical repair of entropion and ectropion
* Correction of trichiasis

* Excision of eyelid lesions involving margin and repair
* Blepharoptosis repair
* Tarsorrhaphy
* Upper and lower eyelid blepharoplasty
* Irrigation of lacrimal excretory system
* Intubation of lacrimal excretory system
* Trabeculectomy
* Repair of canalicular injury
* Dacryocystorhinostomy
* Repair eyelid injury
* Direct repair of brow ptosis
* Ciliary body destructive procedures
* Neodymium yttrium aluminum garnet (YAG) laser posterior capsulotomy
* Laser iridotomy
* Laser trabeculoplasty
* Pan retinal photocoagulation

Ophthalmology - Supplemental Privileges

_____Intravenous conscious sedation
_____Orbital exenteration
_____Lateral orbitotomy
_____Conjunctival-dacryocystorhinostomy
_____Coronal brow lift
_____Botulinum toxin injection, facial muscle
_____Penetrating keratoplasty
_____Epikeratophakia
_____Refractive surgery
_____Phacoemulsification (PHACO)
_____Reconstructive conjunctivoplasty, cul-de-sac
_____Laser focal retinal photocoagulation
_____Scleral buckle placement
_____Intraocular gas injection of the posterior segment and pneumatic retinopexy
_____Retinal electrophysiologic studies
_____Retinal and neurological visual evoked potential
_____Pars plana vitrectomy
_____Pars plana lansectomy
_____Pediatric cataract extraction and management
_____Botulinum toxin injection-extraocular muscle
_____Goniotomy and trabeculectomy
_____Glaucoma shunt placement
_____Epiretinal membrane peeling
_____Endophotocoagulation
_____Lumbar puncture
_____Optic nerve decompressions
_____Adjunct chemotherapy for glaucoma filtering surgery
_____Cyclodialysis

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Orthopedic Surgery - Core Privileges

Comprehensive orthopedic examination, consultation, diagnosis, and treatment of disorders of the musculoskeletal system to include:

* Infection (surgical and medical treatment)
* Contusion, sprains, and strains
* Sports medicine and related injuries
* Malunions
* Nonunions
* Back and neck pain, chronic and acute
* Fractures and dislocations, open or closed
* Pediatric orthopedics (other than selected privileges)

Treatments and procedures:

* External fixation of fractures
* Hand surgery (other than supplemental privileges)
* Application of skeletal traction
* Arthrodesis
* Arthroscopic surgery
* Arthrotomy
* Biopsy of the musculoskeletal system
* Bone graft
* Internal fixation of fractures
* Repair of lacerations
* Ligament reconstruction
* Nerve surgery
* Amputation, traumatic and elective
* Osteotomy
* Skin grafts
* Spinal surgery (other than supplemental privileges)
* Tendon surgery
* Total joint surgery (other than supplemental privileges)
* Tumor surgery
* Wound debridement

Orthopedic Surgery - Supplemental Privileges

_____Cervical disectomy and fusion
_____Open reduction and internal fixation of cervical fractures
_____Anterior lumbar spinal surgery
_____Anterior dorsal spinal surgery
_____Intradiscal chemonucleolysis
_____Percutaneous disk excision
_____Revision total hip surgery
_____Revision total knee surgery
_____Major tumor resection, total joint surgery
_____Digit and limb replantation
_____Complex tendon transfers
_____Complex tendon reconstruction
_____Complex rheumatoid surgery
_____Free microvascular flap
_____Pelvic osteotomy
_____Complex club foot surgery
_____Scoliosis and kyphosis instrumentation
_____Complex reconstructive surgery for developmental, congenital deformity

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Otolaryngology - Core Privileges

* Evaluation and treatment of hearing, taste, smell, communication, and labyrinthine dysfunction
* Functional surgery of the upper aerodigestive tract, e.g. tonsillectomy, tympanotomy and tube insertion, septoplasty, etc.
* Tympanoplasty and mastoidectomy stapes surgery
* Head and neck tumor surgery
* Reconstruction with major myocutaneous flaps and harvesting of bone from distant sites
* Maxillofacial trauma surgery including intermaxillary fixation, wire and rigid fixation, and bone grafting
* Extra cranial repair of peripheral nerves including cable grafting
* Surgery of the paranasal sinuses (external and intranasal)
* Surgery for the correction of sleep apnea
* Cosmetic surgery of face, nose, ears, neck including chemical peel, rhytidectomy, liposuction, and implantation of autogenous, homologous, and allograft
* Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
* Pediatric airway control including tracheotomy and tracheostomy
* Thyroid surgery for benign and malignant disease
* Parathyroid surgery
* Allergy evaluation, skin testing, and treatment, by injections

Otolaryngology - Supplemental Privileges

_____Neurotology
_____Laser treatment of the skin, the larynx, tracheobronchial tree, and esophagus
_____Laser treatment of oropharyngeal, laryngeal, and tracheal lesions
_____Corrective surgery for cleft lip and palate
_____Skull base surgery
_____Craniofacial surgery
_____Microvascular free flaps and transplantation
_____Endoscopic sinus surgery
_____Intravenous conscious sedation and analgesia

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pathology - Core Privileges

* Anatomic pathology including autopsy pathology, routine hospital, and medico-legal cases; surgical pathology; quick section (frozen section diagnosis); cytopathology, routine female genital, body fluids, aspirations, and washings; oral histopathology, bone marrow, and lymph node biopsy
* Clinical pathology including interpretation of routine clinical laboratory tests such as hematology, clinical chemistry, medical microbiology, serology, immunology, and urinalysis
* Medical direction of all medical laboratory services, blood bank, and transfusion service

Pathology - Supplemental Privileges

_____Anatomic pathology
_____Electron microscopy interpretation
_____Muscle biopsy interpretation and diagnosis
_____Nerve biopsy interpretation and diagnosis
_____Cytogenetic interpretation
_____Complicated medico-legal and aircraft accident investigations
_____Immunopathology interpretation
    _____Renal biopsy
    _____Skin biopsy
    _____Specific antigens (immunoperoxidase)
_____Fine needle aspiration and interpretation

Clinical pathology:

_____In vivo radioisotope procedures (diagnostic and therapeutic)
_____Medical direction of virology laboratory
_____Human leukocyte antigen interpretation
_____Medical direction of apheresis programs
_____Bone marrow aspiration and biopsy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pediatrics - Core Privileges

* Attend at routine or high-risk delivery to provide care, evaluation, resuscitation, and stabilization of the neonate
* Routine premature and neonatal care, including management of neonatal sepsis, hyperbilirubinemia, uncomplicated respiratory distress syndrome, endotracheal intubation, and vascular access
* Supervise or oversee health supervision visits (infants, children, and adolescents) with appropriate anticipatory guidance preventive (e.g., immunizations) and screening measures
* Supervise or oversee minor surgical diagnostic procedures such as transfusion of blood products, cutdowns, spinal taps, incision and drainage of abscesses, suture simple lacerations, and circumcisions
* Provide or supervise general medical care of infants, children, and adolescents for acute and chronic conditions involving any and all organ systems.
* Manage preoperative and postoperative care, in particular fluid, electrolyte, and nutritional management directly or on a consultative basis.
* Diagnosis and management of unique or life-threatening pediatric problems to include child abuse and neglect, poisoning and accidents, and upper airway obstruction
* Diagnosis and management including counseling of developmental disabilities (cerebral palsy, mental retardation, birth defects), and emotional problems and adjustment reactions of children and adolescents
* Supervision or assistance in the instruction of other health care professionals seeing children (e.g., neonatal resuscitation and pediatric advanced life support)

Pediatrics - Supplemental Privileges

_____Management of tertiary neonatal care to include hyperalimentation, complex respiratory, and ventilatory care

_____Management of complex adolescent problems to include growth and maturation during puberty, gynecological and obstetrical problems (e.g., adolescent pregnancy), severe behavioral disturbance (e.g., suicide, assault, and eating disorders), and substance abuse

_____Management of complex physically or developmentally disabled children to include supervision of coordinating multiple services and disciplines in an organized treatment plan, developmental testing for interpretation, management of severe childhood behavioral problems, and genetic counseling

_____Management and evaluation of complex, life-threatening allergic and immunologic diseases to include severe immune deficiency, skin testing, and hyposensitization therapy

_____Management and evaluation of comlex, life-threatening heart disease in children to include severe heart disease in newborn, interpretation of echocardiograms, angiography, and cardiac catheterization

_____Evaluation, management, and supervision of the treatment of childhood malignancies and complex hematologic problems to include recommendations of cancer chemotherapeutic agents, interpretation of bone marrow biopsies and smears, bone marrow failure syndrome, and life threatening coagulopathies

_____Evaluation, management, and supervision of the treatment of complex renal problems to include end stage renal disease, renal biopsy and interpretation, peritoneal dialysis, or hemodialysis

_____Diagnosis and management of complex neurologic disorders (acute and chronic) to include interpreting electroencephalography, cranial ultrasound, computer-assisted tomography, magnetic resonance imaging

scans; interpretation of electromyography, and muscle and nerve tissue biopsy

_____Diagnosis and management of complex and endocrinologic disorders in infants, children, and adolescents

_____Diagnosis and management of severe, unusual, complex, or life-endangering infectious diseases in infants, children, and adolescents

_____Evaluation and management of severe gastrointestinal and nutritional disorders of children and adolescents to include endoscopy, hepatic biopsy and interpretation, and intestinal biopsy and interpretation

_____Management of conscious sedation in the infant, child and adolescent, including understanding of the medications used for sedation, monitoring of the patient and recognition and treatment of airway ventilatory problems in the sedated patient

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pediatric Surgery -Core Privileges

* Comprehensive pediatric surgery examination, consultation, diagnosis, and treatment planning
* Assessment and treatment of anomalies of the gastrointestinal tract
* Tracheostomies
* Assessment and treatment of trauma
* Assessment and treatment of anomalies of the abdominal wall
* Tube thoracostomy
* Abdominal wall hernias and groin hydroceles

Pediatric Surgery - Supplemental Privileges

Surgery on the neonate, to include:

_____Anomalies of the head and neck
_____Anomalies of the esophagus, trachea, lungs, great vessels, diaphragm, chest wall, intestinal tract, and abdominal wall
_____Anomalies of the extremities
_____Benign and malignant tumors, except central nervous system

Pediatric oncology surgery:

_____Rhabdomyosarcoma, all sites
_____Wilms tumor
_____Neuroblastoma
_____Soft tissue sarcomas
_____Intra-abdominal tumors
_____Intra-and extra-thoracic tumors (except intracardiac)
_____Gonadal tumors

Pediatric urology:

_____Cryptorchidism

Reconstructive surgery of:

_____Kidney uretero-pelvic junction (duplication) only in neonate and with urology resident
_____Genitalia, urethra, ureters (e.g., vesicoureteral reflux)
_____Bladder, (e.g., exstrophy) only in neonate and with urology resident

Closed pediatric cardiac surgery:

_____Patent ductus arteriosus
_____Coarctation of aorta
_____Shunts
_____Pacemaker insertion
_____Intra aortic balloon pump insertion
_____Pulmonary artery banding
_____Vascular rings

Open pediatric cardiac surgery:

_____Atrial septal defect
_____Ventricular septal defect
_____Tetralogy of Tallot
_____Aortic valvular stensis
_____Pulmonary valvular stenosis
_____Complex defect repair (applicable only to pediatric surgeons with 6-12 months of specialized training in pediatric cardiac surgery)

Pediatric endoscopy:

_____Laryngoscopy
_____Bronchoscopy

_____Esophagoscopy
_____Rigid
_____Flexible
_____Gastroscopy
_____Peritoneoscopy
_____Thoracoscopy
_____Colonscopy

Pediatric thoracic surgery:

_____Pericardiocentesis and pericardiostomy
_____Thoracotomy
_____Pulmonary resection
_____Wedge
_____Segmental
_____Lobectomy
_____Pneumonectomy
_____Esophageal
_____Partial or total resection
_____Replacement
_____Anti-reflux procedures
_____Chest wall resection or reconstruction

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Peripheral Vascular Surgery - Core Privileges

Aneurysms

* Infrarenal aorta, emergent and elective
* Suprarenal aorta, emergent and elective
* Iliac, emergent and elective
* Femoral, emergent and elective
* Popliteal, emergent and elective

Cerebrovascular

* Carotid
* Vertebral
* Arch branches, direct and cervical bypass

Peripheral Chromic Obstructive

* Aorta-iliac-femoral
* Femoral-popliteal-tibial

Intra-abdominal Aortic Branches

* Celiac/superior mesenteric artery
* Renal

Upper Extremity

* Direct repair or graft

Extra Cavity Bypass Operations

* Axillary-femoral
* Femoral-femoral

Miscellaneous Vascular

* Varicose veins, stripping or ligation
* Embolectomy or thrombectomy
* Operations for venous ulceration
* Vena caval interruption and prosthesis insertion
* Sympathectomy, cervical or lumbar
* Transluminal angioplasty
* Operations for lymphedema

Vascular Access Procedures

* Shunt
* Fistula
* Vascular graft

Amputations

* Digit
* Transmetatarsal
* Below knee
* Above knee
* Arm
* Other

Peripheral Vascular Surgery- Supplemental Privileges

_____Intravenous conscious sedation

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Physical Medicine and Rehabilitation - Core Privileges

Treatment of uncomplicated:

* Cardiovascular, gastrointestinal, genitourinary and respiratory tract diseases
* Skin problems, such as pressure ulcers and abscesses (including incision and drainage and debridement)

Evaluation and management of rehabilitation patients with impaired functions due to:

* Cerebral, brain stem, or spinal cord lesion including neurogenic bowel and bladder
* Peripheral nervous system disorders and myoneural junction disorders (i.e., radiculopathies, myasthenia gravis)
* Muscle diseases
* Loss of limb or its function
* Nonsurgical musculoskeletal problems (e.g., rheumatic diseases, collagen diseases, foot disorders, sprains)
* Electrodiagnostic studies, e.g., electromyography, including in association with other procedures such as nerve conduction studies
* Generalized deconditioning
* Chromic pulmonary, cardiac, and peripheral vascular disease
* Head trauma
* Evaluation and management of chromic pain problems
* Sports medicine
* Pediatric rehabilitation
* Prescription of physiatric modalities, including hydrotherapy, ultraviolet and infrared light, microwave, shortwave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
* Lumbar puncture
* Local infiltration of steroids and local anesthetic mixture
* Arthrocentesis
* Biofeedback, relaxation training
* Application of orthotic materials
* Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment

Physical Medicine and Rehabilitation - Supplemental Privileges

_____Local infiltration anesthesia topical application and nerve block
_____Nerve and motor point blocks
_____Performance of evoked potentials (somatosensory evoked response, brainstem auditory evoked response, and visual evoked response)
_____Spinal and joint manipulation
_____Epidural steroid injection

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Plastic Surgery - Core Privileges

Comprehensive examination, consultation, diagnosis, planning, and treatment of the following:

* Trauma
* Acquired ear deformity
* Burns
* Facial trauma and fractures
* Microtia
* Soft tissue wounds
* Breast deformities (acquired and postsurgical)
* Cutaneous malignancy (all types)
* Decubitus ulcers and pressure sores
* Facial paralysis (congenital and acquired)
* Hand deformities (congenital and acquired)
* Head and neck neoplasm
* Salivary gland tumors
* Scar formation
* Soft tissue malignancy
* Temporomandibular joint disease
* Tissue laxity
* Congenital breast deformity
* Other congenital deformities
* Facial clefting (congenital and acquired)
* Lymphedema
* Hemangiomas
* Wound-healing problems
* Cosmetic deformities

Procedures:

* Abdominoplasty, lipectomy
* Augmentation mammoplasty
* Blepharoplasty
* Bone grafts
* Chemical peel
* Excision of cutaneous, intraoral and intranasal, soft tissue, thyroglossal and branchial tumors, and cleft cysts
* Facial fracture reduction and facial tissue reconstruction
* Hair transplantation
* Dermal and fat grafting
* Hand fracture reduction
* Lower extremity reconstruction
* Lymphadenectomy of the neck, axilla, and inguinal region
* Browlift
* Mandibular and maxillary osteotomy
* Mastectomy prophylactic
* Mastopexy
* Microtia repair
* Myocutaneous flaps
* Nasal submucous resection
* Otoplasty
* Pedical skin flap
* Postmastectomy reconstruction
* Repair cleft lip and palate
* Repair nerves and vessels
* Repair tendons and nerves
* Rhinoplasty

* Rhytidectomy
* Release contractures; congenital or acquired
* Skin grafting
* Reconstruction using aloplastic materials
* Reduction using aloplastic materials
* Suction assisted lipectomy
* Tendon transfers
* Thigh, arm, and buttock lifts
* Vaginal and urogenital reconstruction

Plastic Surgery - Supplemental Privileges

_____Laser surgery
_____Microvascular tissue transfer
_____Craniofacial reconstruction
_____Hand reconstruction (complex)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Preventive Medicine - Core Privileges

Comprehensive epidemiologic and clinical investigation and consultation for the prevention and control of diseases, disability, and premature death in individuals and population groups; evaluation, consultation, diagnosis, assessment of disease and injury risk, and treatment and intervention planning for individuals and population groups.

Preventable disease conditions including:

* Communicable diseases
* Tropical diseases
* Injuries
* Epidemics and unusual occurrences of diseases, disability, and premature death
* Diseases of travelers
* Chronic diseases
* Chemical dependence
* Nosocomial infections
* Occupational and environmental diseases
* Diseases of lifestyle

Diagnostic or therapeutic procedures:

* Apply epidemiologic and biostatistical methods
* Interpret health care, injury, and infectious diseases data
* Surveillance programs for diseases and injuries
* Investigate epidemics and other health-related even occurrences
* Conduct clinical and laboratory evaluations of individuals and groups
* Travel medicine clinical services and consultation
* Hospital infection control programs
* Prescribe and administer mass treatment, immunizations, and medications to control epidemics
* Disease contact tracking programs
* Conduct individual and group education
* Conduct immunization programs
* Assess disease and injury risk of individuals and groups
* Disease screening and health risk assessment programs
* Design and implement interventions to modify or eliminate individual and group risk for disease and injury
* Apply biologic, behavioral, and environmental approaches to health promotion and disease and injury prevention
* Assess disease and injury risks associated with travel for individuals, groups, and operational units
* Assess effectiveness of interventional programs

Preventive Medicine - Supplemental Privileges

_____Disaster preparedness design and management
_____Implement disaster relief efforts
_____Apply group behavior modification techniques
_____Advanced epidemiologic biostatistical methods
_____Conduct studies involving interventional drugs or vaccines

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Psychiatry - Core Privileges

Assessment, evaluation, consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders (current edition) published by the American Psychiatric Association:

* Cognitive impairment disorders
* Schizophrenia and other psychotic disorders
* Mood disorders
* Anxiety disorders
* Combat stress reactions
* Somatoform disorders
* Psychological or behavioral factors affecting a nonpsychiatric medical condition
* Dissociative disorders
* Factitious disorders
* Sexual disorders
* Gender identity disorders
* Eating disorders
* Sleep disorders
* Impulse control disorders not elsewhere classified
* Adjustment disorders
* Personality disorders
* Disorders usually first diagnosed in infancy, childhood, or adolescence (mental retardation, learning disorders, tics, etc.)
* Other clinically significant problems that may be a focus of diagnosis and treatment (movement disorders, relationship problems, bereavement, etc.)

Diagnostic and therapeutic procedures:

* Clinical interviewing
* Psychosocial history taking
* Mental status examination
* Physical examination including radiological and laboratory testing
* Neurological examination
* Interpretation of psychological testing results
* Clinical case formulations
* Major types of psychotherapy including:
  - Individual therapy
  - Group therapy
  - Marital therapy
  - Short-term therapy
  - Family therapy
  - Psychodynamic therapy
  - Behavior therapy
* Crisis intervention
* Community outreach (health promotion, command consultation)
* Pharmacotherapy
* Drug and alcohol detoxification

Psychiatry - Supplemental Privileges

_____Medical, drug, and alcohol rehabilitation
_____Evaluations for suitability and fitness for duty
_____Evaluations for special military programs (Operation Deep Freeze, PRP, weapons, etc.)
_____Incapacitation determinations
_____NCM Article 706 boards (sanity boards)
_____Electroconvulsive therapy
_____Psychoanalysis
_____Child and adolescent psychiatry
_____Forensic psychiatry

_____Addiction psychiatry
_____Hypnosis
_____Biofeedback

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pulmonary Medicine - Core Privileges

* Diagnosis and medical management of all categories of respiratory diseases, including chronic and acute respiratory failure
* Thoracentesis and pleural biopsy
* Transthoracic needle aspiration of lung parenchyma
* Endotracheal intubation (fiberoptic technique)
* Closed tube thoracostomy
* Fiberoptic bronchoscopy with additional skills in transbronchial needle and forceps biopsies as well as routine endobronchial biopsies, brushings, and lavages
* Arterial cannulation
* Central venous line placement including Swan Ganz catheterization
* Transtracheal aspiration

Pulmonary Medicine - Supplemental Privileges

_____Laser therapy of endobronchial obstruction
_____Rigid bronchoscopy
_____Nasotracheal and oral endotracheal intubation via direct or indirect techniques (elective)
_____Brachytherapy of endobronchial neoplasia
_____Placement of tracheo-bronchial stents

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Diagnostic Radiology - Core Privileges

Consultation, diagnostic workup planning, radiation monitoring, performing, and interpreting the following diagnostic procedures:

* Routine radiographic studies including the chest, abdomen, extremities, head, and neck
* Fluoroscopic procedures of the gastrointestinal tract; e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast, and solid column barium enemas
* Radiologic procedures of the genitourinary tract; e.g., intravenous pyelogram, voiding cystourethrogram, hysterosalpingogram, nephrostogram
* Radiologic procedures upon the musculoskeletal system; e.g., arthrograms of all types
* Supervising the performance and interpreting the results of screening, indicated, or diagnostic mammograms, including needle localization of any masses found
* Ultrasound procedures of: the obstetrical patient and her fetus, the female pelvis, the abdomen including the kidneys, liver, spleen, biliary tract, gall bladder, pancreas, the thyroid, the chest for effusion, and the scrotum
* Advanced ultrasound procedures of: Endovaginal ultrasound, Doppler imaging of veins and arteries, e.g., carotid, neurosonology
* Supervising the performance of and interpreting of routine Computed Tomography of head, spine, and body
* Routine Magnetic Resonance Imaging (MRI) for head, spine, body and major joints, e.g., shoulder, knee, ankle, etc.
* Performing and interpreting venography of the major vessels
* Supervising the performance and interpreting the results of radioimmuneassays**
* Supervising the performance and interpreting the images obtained in nuclear medicine procedures using the radioisotopes Tc-99M, I-131, I-123, Ga-67, T1-201, Xe-133, and Xe-127**

**These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations

Diagnostic Radiology - Supplemental Privileges

_____Supervising the performance of and interpreting computed tomographic studies for the head, spine, and body

Advanced ultrasound studies:

_____Endorectal imaging
_____Echocardiography

Magnetic resonance imaging:

_____Intracranial imaging
_____Spinal cord imaging
_____Spinal canal imaging
_____Chest and heart imaging
_____Abdominal and pelvic imaging
_____Musculoskeletal imaging; e.g., shoulders, knees, ankles, and elbows

Advanced neuroradiological procedures:

_____Cervical myelography via C2 puncture
_____Intra-cranial arterial catheterization or embolization

Advanced angiography:

_____Transluminal angioplasty peripheral arteries

_____Transluminal angioplasty of renal arteries
_____Embolization procedures
_____Placement of caval filters
_____Performance and interpretation of lymphangiography
_____Performing and interpreting angiography of the major vessels including arteriography

Advanced interventional procedures:

_____Guided biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses or organs
_____Pulmonary biopsies
_____Puncture and drainage of fluid collection and abscesses
_____Percutaneous transhepatic cholangiography
_____Percutaneous biliary drainage
_____Percutaneous nephrotomy and subsequent drainage
_____Transjugular intrahepatic portosystem shunts
_____Performing and interpreting myelograms of the cervical thoracic, and lumbar spine via a lumbar puncture using fluoroscopic guidance

**Advanced nuclear medicine studies:

_____Use of Iodine 131 for therapy in Graves or Plummers disease (less than 30 millicuries)
_____Use of P-32 for intravenous and intraperitoneal use
_____Use of Iodine 131 for therapy in thyroid carcinoma in amounts greater than 30 millicuries

**These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Therapeutic Radiology - Core Privileges

Management of cancer patients and treatment of malignant and appropriate benign conditions, including:

* Consultation and diagnostic workup
* Simulation and treatment planning, including use of Radiation Therapy Simulator
* External beam megavoltage radiation therapy, including linear accelerator (photon and neutron) and Cobalt-60 unit
* Orthovoltage and superficial therapy
* Brachytherapy, including permanent and temporary implants or intracavity treatment with the following sources (with concurrent approval of the Radiation Safety and Radioisotope Committee following applicable Nuclear Regulatory Commission regulations)
  - 226Ra
  - 190Au
  - 137Cs
  - 192Ir
  - 125/131I
  - 90Sr
  - 32P

Therapeutic Radiology - Supplemental Privileges

_____Intraoperative radiation therapy
_____Hyperthermia
_____High dose rate after loading Brachytherapy
_____Whole body photon therapy for bone marrow transplant
_____Whole body electron therapy for mycosis fungoides

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Rheumatology - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of disorders of connective tissue
* Arthrocentesis
* Soft tissue injections
* Assessment of bone and joint x-rays
* Applied use of immunosuppressive and specific disease remittive agents

Rheumatology - Supplemental Privileges

_____Arthroscopy
_____Synovial biopsy
_____Arthrogram completion and interpretation

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Undersea Medical Officer - Core Privileges

* Operational medicine and primary care medicine core privileges

Preliminary diagnosis, limited treatment, and stabilization of:

* Acute ionizing radiation injuries (internal or external contamination) and irradiation injuries, including combination injuries
* Emergencies for which hyperbaric oxygen therapy is indicated as a primary or adjunct therapeutic modality; including, but not limited to, exceptional blood loss, anemia, acute carbon monoxide poisoning, surgical intravascular gas problems, gas gangrene, radio-osteonecrosis, and soft tissue necrosis
* Acute barotraumatic injuries, including pulmonary and nonpulmonary barotrauma; e.g., injury of sinuses, internal organs, or the ears, using thoracostomy by needle or intercostal incision if necessary
* Near drowning
* Acute or chronic hypothermia or hyperthermia
* Corneal and other ophthalmic foreign bodies, contact lens injuries, and associated infections
* Dental procedures such as extractions, emergency management of fractured teeth and fractured or missing restorations and prosthetics, analgesia and local anesthesia blocks, emergency care of all dental abscesses
* Endotracheal intubation
* Bladder catheterization
* Emergency reduction of fractures and dislocations which compromise circulation
* Acute blast injury management (above and underwater blast)
* Care of injury or toxic state caused by dangerous marine life, extraordinary parasitic, and tropical diseases
* Preliminary interpretations of audiogram

Comprehensive examination, diagnosis, and management of:

* Hyperbaric and hypobaric related casualties or injuries including decompression sickness (all types), gas embolism, dysbaric osteonecrosis, compression arthralgia, and high pressure nervous syndrome
* Complete history and physical for special duties for submarine duty, diving duty, combat swimming, and occupational exposure 1 of 3 to ionizing radiation, including the proper certification of physically qualified or not physically qualified and proper consultation and preparation of waiver of physical standards request when appropriate
* Complete neurological evaluation for deficits or compromise of the central nervous and peripheral nervous systems
* Recognition and treatment of toxic atmospheric and hyperbaric condition, caused by oxygen, carbon dioxide, carbon monoxide, inert gases, and other atmospheric contaminants

Medical support evaluations:

* Public health and sanitation inspections of food services, berthing, heads, and showers, ashore and afloat
* Environmental and occupational medicine examinations and site evaluations for personnel reliability program, toxic hazards and gas free engineering hazards, radiation health programs, sight and hearing conservation programs, and preventive medicine programs
* Investigation of biological aspects of submarine and diving-related mishaps when appropriate, participation as a member of accident investigation boards, and accurate completion of required medical reports
* Advise submarine and diving personnel on proper care and use of life support and survival equipment

* Perform basic psychological and psychiatric evaluations on self-referred or command-referred patients
* Evaluations of biomedical hazards associated with submarine, diving, rescue, or escape operations, preparations, and training
* Instruction of personnel regarding potential hazards associated with submarine and diving environments and methods of preventing harm
* Medical support and evaluation of combat swimming operation, including special, unique one-time hazards associated with equipment and geographic location
* Supervision and instruction of independent duty corpsmen

Undersea Medicine Officer - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Urology - Core Privileges

* Comprehensive examination, consultation, diagnosis, and treatment of urologic disorders

Major procedures:

* Lymphadenectomy, pelvic
* Lymphadenectomy, inguinal
* Lymphadenectomy, ilioinguinal
* Lymphadenectomy, retroperitoneal
* Drainage of retroperitoneal abscess
* Excision of retroperitoneal tumor or cyst
* Exploratory laparotomy
* Closure of evisceration
* Herniorrhaphy, incisional
* Adrenalectomy, unilateral
* Adrenalectomy, bilateral
* Drainage of renal or perirenal abscess
* Nephrostomy, open
* Nephrolithotomy, simple
* Nephrolithotomy, staghorn
* Nephrolithotomy, percutaneous
* Pyelolithotomy
* Renal biopsy, open
* Nephrectomy, single, unilateral
* Nephrectomy, simple, bilateral
* Nephrectomy, radical
* Nephrectomy, partial
* Nephroureterectomy
* Nephrectomy, donor
* Harvest of cadaver kidneys
* Ureterolithotomy
* Ureteroscopy with calculus removal, biopsy, or fulguration
* Ureterolysis
* Ureteroureterostomy
* Transureteroureterostomy
* Ureteroneocystostomy, unilateral
* Ureteroneocystostomy, bilateral
* Ureteroneocystostomy, with bladder flap
* Ureterosigmoidostomy
* Ileal conduit, separate procedure, bilateral
* Sigmoid conduit, separate procedure, bilateral
* Replacement of ureter with bowel
* Cutaneous pyelo or ureterostomy, unilateral
* Cutaneous pyelo or ureterostomy, bilateral
* Urethroscopy
* Cystolithotomy
* Excision urachal cyst
* Diverticulectomy
* Partial cystectomy
* Partial cystectomy, with ureteroneocystostomy
* Simple cystectomy complete
* Simple cystectomy with ileal conduit
* Simple cystectomy with ureterosigmoidostomy
* Pyeloplasty
* Percutaneous nephrostom
* Percutaneous nephroscopy
* Heminephroureterectomy

* Renal cyst, unroofing
* Ureterectomy (separate procedure)
* Radical cystectomy with ureterosigmoidostomy
* Pelvic exenteration with (male) urinary diversion
* Vesical neck plasty
* Urethropexy (Marshall-Marchetti)
* Vaginal urethropexy (Stamey-Raz)
* Repair rupture of bladder
* Repair of vesicovaginal fistula (vaginal)
* Repair of vesicovaginal fistula (abdominal)
* Entercystoplasty
* Vesicostomy
* Open biopsy
* Prostatectomy, perineal, simple
* Prostatectomy, perineal, radical
* Prostatectomy, retropubic, simple
* Prostatectomy, retropubic, radical
* Prostatectomy, suprapubic
* Urethrectomy, separate procedure
* Diverticulectomy
* Open repair of membranous stricture
* Epididymovasostomy
* Vasovasostomy
* Radical cystectomy with ileal conduit
* Simple cystectomy with cutaneous ureterostomy
* Epididymectomy
* Urethroplasty for anterior stricture, one stage
* Urethroplasty for anterior stricture, staged
* Hypospadias repair
* Chordee correction
* Magpi/Mathieu
* Meatoplasty
* Fistula repair
* Closure, urethro-vaginal fistula
* Closure of urethro-rectal fistula
* Repair of urethral injury
* Penile amputation, partial or complete
* Penile amputation plus ilioinguinal (inguinofemoral) lymphadenectomy
* Correction of chordee without hypospadias
* Insertion of penile prosthesis
* Repair of major injury
* Shunt of cavernosum to spongiosum, open
* Shunt, cavernosum to spongiosum percutaneous
* Orchiectomy, inguinal (radical)
* Orchiopexy, unilateral
* Orchiopexy, bilateral
* Scrotal excision, complete
* Transurethral resection of the prostate
* Transurethral resection of bladder tumor (greater than 2 cm)
* Transurethral resection of valves
* Ligation of internal spermatic vein

Minor Procedures:

* Cystostomy, open
* Cystostomy, closure
* Cystostomy, trochar
* Needle biopsy of prostate
* Incise and drain prostatic abscess

* Urethrostomy, internal
* Urethrostomy, external
* Urethrostomy, perineal
* Meatotomy
* Incise and drain periurethral abscess
* Biopsy of urethra
* Excision of urethral prolapse
* Biopsy of testis
* Vasotomy for vasogram plus biopsy
* Excision lesion of testis
* Orchiectomy, simple, unilateral or bilateral
* Insertion of testicular prosthesis
* Repair of testis (trauma)
* Reduction plus fixation of torsion
* Excision of lesion epididymis
* Biopsy of epididymis
* Excision of spermatocele
* Vasectomy
* Hydrocelectomy
* Repair of scrotal trauma
* Partial excision of the scrotum
* Cystoscopy
* Cystoscopy with placement of ureteral stent
* Cystoscopy plus ureteral catheterization
* Cystoscopy plus cup biopsy of the bladder
* Cystoscopy and fulguration
* Cystoscopy, calibration and dilation of stricture
* Cystoscopy, litholapaxy, simple
* Cystoscopy, removal of foreign body, simple
* Cystoscopy, extraction ureteral calculus
* Cystoscopy, hydrodistention of bladder
* Cystoscopy, transurethral resection of bladder tumor (less than 2 cm small)

Urology - Supplemental Privileges

_____Extracorporeal shock-waves lithotripsy
_____Continent urinary diversion, separate procedure
_____Radical cystectomy with continent diversion
_____Repair of enterovesical fistula
_____Repair of exstrophy, initial
_____Repair of exstrophy, continence procedure
_____Open insertion of radioactive materials
_____Major urethroplasty
_____Total complex repair
_____Reconstruction for incontinence
_____Prosthesis for incontinence
_____Repair of epispadias
_____Repair of epispadias with incontinence
_____Revascularization (microsurgery)
_____Cystoscopy with laser bladder tumor
_____Pyeloplasty plus symphysiotomy
_____Percutaneous endopyeloplasty
_____Homotransplantation
_____Autotransplantation
_____Cystoscopy and urethroscopy with Nd:YAG laser of urothelial lesions
_____Nd:YAG laser treatment of urethral meatal lesions
_____Pulsed dye laser lithotripsy
_____Transurethral laser ablation of the prostrate (VLAP)
_____Basic laparoscopic surgery: spermatic vein ligation, orchiectomy, Fowler-Stephens procedure

_____Advanced laparoscopic surgery: pelvic lymph node dissection/biopsy
_____Diagnostic laparoscopy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

Appendix F

CLINICAL PRIVILEGE SHEETS FOR DENTISTS

1. The clinical privilege sheets contained in this appendix are arranged by dental disciplines, including general dentistry. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care; i.e., clinical privileges. The privileges are divided into two categories for each specialty area, core privileges and supplemental privileges.

a. Core privileges:

(1) Constitutes a single entity. This is not a list from which applicants may pick and choose the privileges they wish to request.

(2) Describes the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by individual treatment facilities. Forward suggested modifications to core privileges to MED-03 (clinical management) via the appropriate specialty advisor.

b. Supplemental privileges:

(1) Are delineated on an item by item basis. Provider must write yes or no beside the supplemental privilege, on the privilege sheet. The area labeled "other" is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by treatment facilities by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets commensurate with their specialty.

3. Health care practitioners are not required to be privileged to provide "emergency" care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws, and Navy regulations.

4. Criteria for dentist core privileges:

a. Graduation from a dental school approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association.

b. Completion of a residency approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association for specialties other than general dentistry.

c. Possession of a current, valid, unrestricted, license or licensure waiver.

d. Current clinical competence.

e. No health status contraindications to granting clinical privileges as delineated.

5. Criteria for dentist supplemental privileges:

a. Criteria for core privileges.

b. Compliance with departmental (specialty) specific criteria which have been endorsed by the MTF or DTF ECOMS or ECODS respectively and approved by the privileging authority.

6. Hospital privileges for dentists not permanently assigned to hospitals:

a. Designated privileging authorities of dentists desiring to exercise clinical privileges in a hospital to which they are not permanently assigned shall forward a CTB, appendix N, to the designated privileging authority of the gaining hospital.

b. The dentist shall submit an appendix Q to the designated privileging authority of the gaining hospital requesting to exercise applicable core clinical privileges and supplemental clinical privileges, as needed and supported by the gaining facility and for which he or she meets the gaining facility's departmental criteria. The appendix Q request is then endorsed by the gaining facility's department head and designated privileging authority.

c. The dentist shall have only one ICF. That ICF shall be maintained by the designated privileging authority of the command to which the dentist is permanently assigned, as designated in paragraph 6 of the basic instruction. The gaining facility will then forward a copy of appendix Q to the designated privileging authority of the command to which the dentist is permanently assigned for inclusion into his or her ICF. Appendix Q may be sent concurrently with the PAR.

d. The granting of supplemental privileges by the gaining designated privileging authority does not violate the principle of one privileging authority in the Navy's multi-institutional credentialing and privileging system. The Chief, BUMED is the corporate privileging authority for all DON practitioners. The multi-institutional credentialing and privileging system provides for the intra-system transfer and acceptance of core clinical privileges and the facility-specific granting of supplemental clinical privileges.

7. Core privilege sheets are included in this appendix for the following disciplines:

General dentistry
Comprehensive dentistry
Endodontics
Maxillofacial prosthodontics
Operative dentistry
Oral and maxillofacial surgery
Oral medicine
Oral and maxillofacial pathology
Orthodontics
Pediatric dentistry
Periodontics
Prosthodontics
Temporomandibular disorders (TMD)

DEPARTMENT OF THE NAVY

General Dentistry - Core Privileges

* Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts
* Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
* Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
* Post mortem dental exam for purposes of identification
* Preventive dentistry services
* Sedation and analgesia (oral) (patients over 12 years old)
* Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
* Pulp caps, pulpotomy, pulpectomy
* Occlusal adjustment (limited)
* Provisional splinting
* Occlusal splint
* Root planing
* Apexification and apexogenesis
* Gingivectomy and gingivoplasty
* Gingival curettage
* Complete or partial dentures; new, reline, rebase, repair, immediate (uncomplicated)
* Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusiion
* Post and core procedures
* Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
* Post trauma replantation
* Alveoloplasty concurrent with extractions
* Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
* Local anesthesia
* Soft tissue excision/biopsy
* Foreign body removal in the treatment of acute trauma
* Osteitis and pericoronitis treatment
* Complete uncomplicated, nonsurgical root canal therapy for permanent teeth
* Bleaching of discolored teeth
* Space maintenance
* Removable orthodontic appliances to effect minor tooth movement or habit correction

General Dentistry - Supplemental Privileges

_____Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)
_____Extraction of bony impacted third molars
_____Minor tooth movement (fixed appliances)
_____Apicoectomy and retrofilling (uncomplicated anterior)
_____Resin-bonded fixed partial denture (FPD)
_____Nonsurgical management of temporomandibular disorders
_____Maintenance of dental implants (to include removal and reinsertion of implant restorations)
_____Prosthetic restoration of dental implants (limited to single tooth restorations)
_____Inhalation sedation or analgesia with nitrous oxide or oxygen

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Comprehensive Dentistry - Core Privileges

* General dentistry core privileges and:
* Apicoectomy and retrofilling of anterior teeth (uncomplicated)
* Deciduous root canal treatment
* Frenectomy
* Occlusal adjustment (complete)
* Hawley appliances
* Overdenture (complete and partial)
* Tooth extraction (including fully-encapsulated third molars requiring bone removal but excluding full-bony impactions)
* Resin-bonded fixed partial denture
* Nonsurgical management of temporomandibular disorders
* Minor tooth movement (fixed appliances)
* Habit correction appliances
* Hemisection, bicuspidization, and root amputation
* Limited osseous resective surgery to facilitate restorative dentistry (crown lengthening procedures)
* Replaced periodontal flap procedures for debridement in up to moderate periodontitis cases

Comprehensive Dentistry - Supplemental Privileges

_____Extraction of bony impacted third molars
_____Direct compacted gold restorations
_____Prosthetic restoration of dental implants (limited to single tooth restorations)
_____Maintenance of dental implants (to include removal and reinsertion of implant restorations)
_____Guided tissue regeneration of periodontal defects
_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Thin (< 2 mm) free soft tissue autographs
_____Laterally positioned pedicle grafts
_____Use of autogenous, alloplastic and allogenic bone grafts in isolated periodontal defects of moderate extent

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Endodontics - Core Privileges

* General dentistry core privileges and:
* Comprehensive endodontic examination, consultation, and treatment planning
* Complicated nonsurgical root canal therapy for all permanent teeth
* Root canal therapy for deciduous teeth
* Surgical removal of dentoalveolar osseous lesions
* Surgical root canal therapy including; root-end resection, root-end filling, decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage
* Endodontic endosseous implants
* Minor tooth movement
* Intentional tooth replantation (extraction replantation) or transplantation
* Nonsurgical management of temporomandibular disorders

Endodontics - Supplemental Privileges

_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Guided tissue (including bone) regeneration procedures (GTR, GBR)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Maxillofacial Prosthodontics - Core Privileges

* General dentistry core privileges, prosthodontic core privileges, and:
* Intra-oral maxillofacial prostheses (complex)
* Extra-oral maxillofacial prostheses (complex)
* Intra and extra-oral impressions
* Implants to provide normal symmetry for patients having incurred trauma, disease, or congenital defects
* Extra-oral implants using osseointegrated fixtures

Maxillofacial Prosthodontics - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Operative Dentistry - Core Privileges

* General dentistry core privileges, and:
* Direct compacted gold restorations
* Full veneer ceramic restorations, as well as ceramic inlays and onlays
* Occlusal adjustment (complete)
* Minor tooth movement (fixed appliances)
* Hawley appliances
* Resin-bonded fixed partial denture

Operative Dentistry - Supplemental Privileges

_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Nonsurgical management of temporomandibular disorders
_____Prosthetic restoration of dental implants (limited to single tooth restorations)
_____Maintenance of dental implants (to include insertion and removal of implant restorations)
_____Hemisection, bicuspidization, and root amputation

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Oral and Maxillofacial Surgery - Core Privileges

* Comprehensive oral maxillofacial surgery examination, consultation, and treatment planning
* Dentoalveolar Surgery; Extraction of soft and hard tissue impaction, intentional tooth replantation or transplantation, apicoectomy and retrofill, sequestrectomy, stomatoplasty, ridge augmentation (uncomplicated), alveoloplasty, osseointegrated implants, and oral antral/oral nasal fistula repair
* Management of oralfacial infections
* Comprehensive management of oral manifestations of chronic systemic diseases; e.g., lichen planus, pemphigoid, and erythema multiforme
* Repair traumatic wounds; oral and facial
* Repair and managemet of facial fractures; alveolar, maxilla, mandible, nasoethmoidal, zygoma, frontal
* Tracheostomy
* Nasal antrostomy
* Maxillary sinusotomy
* Therapeutic medication by injection
* Craniofacial analysis
* Extracranial facial osteotomies
* Augmentation, contouring, reductions of hard and soft tissue
* Marsupialization
* Soft tissue grafts
* Vestibuloplasty, frenectomy, mucogingival surgery
* GTR
* Inhalation sedation/analgesia with nitrous oxide/oxygen
* Intramuscular sedation
* Intravenous sedation
* General anesthesia
* Nonsurgical management of temporomandibular joint disorders
* History and physical examination, hospital admission; adult and pediatric
* Resection of maxilla, mandible
* Major salivary gland surgery
* Sialography
* Minor tooth movement
* Placement maxillofacial devices
* Arthrogram
* Arthroscopy
* Temporomandibular joint surgery
* Preprosthetic reconstructive surgery
* Scar revision; oral and facial
* Reconstruction of the facial skeleton
* Excision of benign and malignant tumors and cysts of the hard and soft tissues
* Harvest of hard and soft tissue grafts
* Alveolar cleft repair

Oral and Maxillofacial Surgery - Supplemental Privileges

_____Cleft lip repair
_____Cleft palate repair
_____Craniofacial implants
_____Liposuction
_____Microneural repair
_____Microvascular reconstruction
_____Laser surgery
_____Cranial bone graft
_____Rhinoplasty

_____Blepharoplasty
_____Rhytidectomy
_____Otoplasty
_____Chemical peel
_____Dermabrasion

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Oral Medicine - Core Privileges

* General dentistry core privileges, and:
* Comprehensive management of oral manifestations of chronic systemic disease; e.g., lichen planus, pemphigoid, and erythema multiforme
* Dental management of medically compromised patients
* Nonsurgical management of temporomandibular disorders

Oral Medicine - Supplemental Privileges

_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Sialography
_____Interpretation of advanced imaging systems (tomograms, computerized tomography, and magnetic resonance imaging)
_____Arthrography

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Oral and Maxillofacial Pathology - Core Privileges

* General dentistry core privileges, and:
* Comprehensive management of oral manifestations of chronic systemic disease; e.g., lichen planus, pemphigoid, and erythema multiforme
* Macroscopic and microscopic tissue examination
* Preparation of tissue examination report
* Order and evaluate electron microscopic examinations
* Forensic dental identification examination
* Order and evaluate histochemical stains
* Order and evaluate immunohistochemical stains

Oral and Maxillofacial Pathology-Supplemental Privileges

_____Sign-out of microscopic tissue examination
_____Interpret frozen section
_____Interpret fine needle aspirate
_____Interpret oral cytologic smears

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Orthodontics - Core Privileges

* General dentistry core privileges and:
* Comprehensive orthodontic examination, consultation, and treatment retention program
* Fixed and removable retainers
* Positioners
* Comprehensive orthodontic treatment
* Fixed and removable appliances
* Intra and extra-oral traction
* Orthopaedic appliances
* Functional appliances
* Habit correction appliances
* Occlusal analysis and adjustment (complete)
* Nonsurgical management of temporomandibular disorders

Orthodontics - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pediatric Dentistry - Core Privileges

* General dentistry core privileges and:
* Comprehensive pediatric dental exam, consultation, and treatment planning
* Root canal therapy for deciduous teeth
* Obturator
* Tooth exposure, surgical
* Tooth extraction; mesiodens, anterior supernumeraries, immature premolars in conjunction with serial extraction treatment
* Orthodontic treatment; limited to minor tooth movement, craniofacial analysis, expansion appliances, functional appliances, sectional arch wires, utility archwire, 2x4 and 2x6 appliances, extra-oral traction devices, fixed and removable retainers, and habit correction appliances
* Nonsurgical management of temporomandibular disorders (pediatric patients)
* Pediatric conscious sedation; Inhalation sedation/analgesia with nitrous oxide/oxygen and oral sedation
* Frenectomy

Pediatric Dentistry - Supplemental Privileges

_____Resin-bonded fixed partial denture
_____Comprehensive orthodontics (define scope of cases)
_____Pediatric conscious sedation; Intramuscular
_____Pediatric conscious sedation; Subcutaneous
_____Pediatric conscious sedation; Intravenous

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Periodontics - Core Privileges

* General dentistry core privileges and:
* Comprehensive periodontal examination, consultation, and treatment planning
* Complete occlusal adjustment
* Osseous grafts (intraoral autografts, allografts, and alloplasts)
* Soft tissue grafts (pedicle, free autogenous up to 2 mm thickness)
* Thick (greater than 2 mm thickness) free soft tissue autogenous palatal and connective tissue grafts
* Root resective procedures (hemisection, amputation, and bicuspidization)
* Tooth extraction (including impactions) associated with periodontal surgery
* Vestibuloplasty
* Frenectomy
* Surgical tooth exposure
* Surgical perforation repair
* Nonsurgical management of temporomandibular disorders
* Alveoloplasty
* Osseous resective surgery
* Surgical removal of dentoalveolar osseous lesions
* Removal of exostoses
* Ridge augmentation and contouring (hard and soft tissue)
* Intentional tooth replantation or transplantation
* Surgical placement and maintenance (including removal and reinsertion) of osseointegrated dental implants
* Guided tissue (including bone) regeneration procedures (GTR, GBR)
* Minor tooth movement (fixed appliances)

Periodontics - Supplemental Privileges

_____Fixed orthodontic appliances including full arch treatment
_____Intravenous sedation and analgesia
_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Sinus augmentation procedures in conjunction with dental implant placement
_____Surgical root canal therapy including root-end resection and filling

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Prosthodontics - Core Privileges

* General dentistry core privileges and:
* Comprehensive prosthodontic examination, consultation, overall restorative treatment planning
* Complete and partial overdentures, the Combination Case Syndrome
* Fixed and removable prostheses involving precision attachments
* Prosthodontic treatment of malposed teeth, occlusal plane discrepancies, changes to the existing vertical dimension of occlusion with or without concomitant restoration of anterior guidance
* Full veneer ceramic restorations, as well as ceramic inlays and onlays
* Oral reconstruction to include, but not limited to opposing quadrants restored with fixed prostheses, techniques involving functionally generated path or fully adjustable instruments
* Complete dentures involving complicated occlusal schemes
* Complete dentures involving a cast metal bases or cast metal occlusals
* Single unit complete dentures opposing natural dentition (complicated)
* Dentures on surgically augmented residual ridges
* Rotational path removable partial dentures
* Nonsurgical management of temporomandibular disorders
* Resin bonded fixed partial dentures
* Minor tooth movement (fixed appliances)
* Intraoral maxillofacial prostheses and repairs
* Prostheses on intraoral osseointegrated fixtures

Prosthodontics - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Temporomandibular Disorders (TMD) - Core Privileges

* General dentistry core privileges, and:
* Nonsurgical management of temporomandibular disorders
* Occlusal analysis and adjustment (complete)
* Mandibular manipulation
* Myofascial trigger point injections (complete trigeminal system)

Temporomandibular Disorders - Supplemental Privileges

_____Inhalation sedation/analgesia with nitrous oxide/oxygen
_____Interpretation of advanced imaging systems (tomograms, computerized tomography, and magnetic resonance imaging)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

Appendix G

CLINICAL PRIVILEGE SHEETS FOR ALLIED HEALTH SPECIALISTS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care; i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges:

(1) Constitute a single entity. This is not a list from which applicants may pick and choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully-qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by individual treatment facilities. Forward suggested modifications to core privileges to MED-03 (clinical management) via the appropriate specialty advisor.

b. Supplemental privileges:

(1) Are delineated item by item. Provider must write yes or no beside the supplemental privilege, on the privilege sheet. The area labeled other is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by treatment facilities by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets commensurate with their clinical specialty or area of expertise.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws, and Navy regulations.

4. Criteria for Allied Health Core Privileges

a. Current clinical competence.

b. No health status contraindications to granting clinical privileges as delineated.

c. Educational and licensure and certification requirements as applicable to the specific allied health specialty. Approved licensing and certification jurisdictions are in reference (e).

(1) Audiology. Master's degree in audiology and State license or Certificate of Clinical Competence (Audiology) from the American Speech-Language-Hearing Association. Individuals enrolled in a Clinical Fellowship Year (CFY) must possess a Master's degree in Audiology and be under the supervision of a credentialed audiologist per the above guidelines.

(2) Clinical Psychology. A Doctoral Degree in Clinical or Counseling Psychology (or an acceptable equivalent) from an accredited university or professional school, a 1 year clinical internship, and current State license in psychology.

(3) Pharmacy. Baccalaureate degree in Pharmacy or a Pharm.D. degree, and a current State license.

(4) Dietetics. Baccalaureate degree, in a program approved or accredited by the American Dietetic Association, and certification as a registered dietitian or eligibility for registration at the first available exam date (RD-eligible).

(5) Marriage and Family Therapists. Master's or doctoral degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), or a qualifying graduate degree in an allied mental health field from a regionally accredited education institution in conjunction with a program of marriage and family therapy study that is equivalent to the COAMFTE standards as defined by the American Association of Marriage Family Therapy (AAMFT), and one of the following:

(a) State license.

(b) State certification.

(c) Clinical membership credentials issued by the AAMFT.

(6) Occupational Therapy. Baccalaureate degree and certification as an occupational therapist.

(7) Optometry. Doctor of Optometry degree and a State license. The following criteria must be met to prescribe topical ophthalmic agents (either (a) or (b) in addition to (c)).

(a) Satisfactory completion of a course in general and ocular pharmacology with particular emphasis on application and use of pharmaceutical agents for the purpose of examination, diagnosis, and treatment of conditions of the eye and its adnexa. The course must include a minimum of 100 hours or 6 semester hours of ocular pharmacology and therapeutics, including at least 25 hours of supervised clinical training.

(b) Possession of a State license that authorizes the individual to prescribe ocular therapeutic agents.

(c) For renewal of privileges, the practitioner must obtain 30 hours of continuing education every 3 years in the treatment and management of ocular disease.

(8) Physical Therapy. Baccalaureate degree and a State license.

(9) Podiatry. Doctor of Podiatric Medicine degree and a State license.

(10) Social Work: Master's degree in social work from a school accredited by the Council on Social Work Education and one of the following:

(a) State license.

(b) State certification.

(c) Certification issued by ACSW.

(11) Speech Pathology. Baccalaureate degree in Speech Pathology, State license, and National Certification from the American Speech Language Hearing Association (ASHA).

(12) Physician Assistant (PA). Successful completion of a training program for physician assistants recognized by BUMED and certification by the National Commission for the Certification of Physician Assistants.

d. Qualified optometrists are authorized to renew prescriptions for patients who are under the periodic care of an ophthalmologist. Therapy must not be altered or discontinued without consultation with the treating ophthalmologist. If it is apparent the patient is not returning for periodic ophthalmology appointments, the optometrist must coordinate a referral back to the treating ophthalmologist.

5. Criteria for allied health supplemental privileges.

a. Criteria for core privileges.

b. Compliance with departmental-specific criteria which have been endorsed by the MTF or DTF ECOMS or ECODS, respectively, and approved by the privileging authority.

6. Additional requirements for clinical psychologists. The following must be documented before granting the indicated supplemental privileges:

a. To prescribe and dispense psychotropic medications:

(1) Successful completion of Psychopharmacology fellowship program at Uniformed Services University of the Health Sciences or similar educational background.

(2) Will prescribe and dispense psychotropic medications for nonpediatric and nongeriatric patients per approved formulary.

b. The admission of patients:

(1) Clinical psychologists may only admit patients to the hospital if a physician member of the active medical staff conducts or directly supervises the admitting medical history and conducts the physical examination. A physician member of the active medical staff shall determine the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient.

(2) The physician assumes responsibility for the care of the patients medical problems both at the time of admission and during hospitalization which are outside the psychologists lawful scope of practice. The physician can transfer responsibility to another qualified member of the medical staff at any time using the governing medical regulations for any patient transfer.

(3) All patients admitted for care by clinical psychologists shall receive the same basic medical appraisal as patients admitted to other departments or services.

(4) Where a dispute exists regarding proposed treatment between a physician member and a clinical psychologist based upon medical or surgical factors outside the scope of licensure of the psychologist, where postponing treatment may harm the patient, the physician member shall prevail. All matters of such occurrence shall immediately be referred to the chief of the department or the medical director for resolution.

(5) When either the clinical psychologist or attending physician, based on their area of expertise, has determined that the patient no longer requires hospitalization, they shall coordinate with the other provider to agree on time of discharge.

Each provider will write their own discharge orders and notes. The psychologist discharge order is invalid without the physicians.

c. Neuropsychological Assessment:

(1) Have subspecialty code 1842.

(2) Have a diplomate from the American Board of Clinical Neuropsychology or the American Board of Professional Neuropsychology.

(3) Have 3 years experience (minimum of 500 hours per year) of clinical neuropsychological experience at either pre or post doctoral levels.

(4) Have 2 years supervision in clinical neuropsychology satisfied by one or more of the following: (1) 2 years postdoctoral supervision, (2) 1 year predoctoral and 1 year postdoctoral supervision, or (3) successful completion of a postdoctoral fellowship.

7. Additional requirements for occupational therapy. The following must be documented before granting the indicated supplemental privilege:

a. Advanced Hand Therapy:

(1) Postsurgical hand rehabilitation: Minimum of 1 year work experience in a clinic with emphasis in hand therapy and a minimum of 75 hand rehabilitation cases.

(2) Modalities specific to hand rehabilitation acquired beyond basic degree such as electrical muscle stimulation, heat modalities, ultrasound, and computer applied work devices: 1 year of experience with additional inservice workshops and successful application of these techniques.

b. Advanced Orthotics:

(1) High temperature plastics and power equipment used to construct ankle-foot orthosis, arch supports, and lumbar corsets: 2 years work experience using these devices, additional formal training specific to high temperature orthotics, familiarity with the properties of high temperature plastics and minimum of 75 pieces fabricated or fitted.

(2) Hinged joint splints and thoracic, lumbar, and sacral orthotic back braces: 2 years work experience with additional training or workshops focusing on the evaluation, fabrication,

and application of these devices and successful completion of a minimum of 50 pieces.

c. Advanced Pediatrics:

(1) Developmental testing using standardized materials: 1 year experience, application of a minimum of 25 tests with appropriately identified findings, and applied treatment.

(2) Neurodevelopmental training: 1 year work experience with formal training or workshops and successful application of techniques. Certification nice, but not required.

(3) Neonatal Intensive Care Unit: 1 year work experience with a minimum of 50 patient cases within a neonatal intensive care unit.

(4) Mobility Management: 1 year work experience and additional formal training in evaluation and application of mobility/seating systems and a minimum of 25 successful prescriptions.

(5) School based therapy: 2 years work experience in a school system.

(6) Sensory motor integration: 1 year work experience with additional formal training in sensory motor integration and a minimum of 25 cases in which sensory motor integration is applied.

8. Additional requirements for physician assistants

a. The application for clinical privileges must be signed by the appointed physician supervisor. If the PA is reassigned or has a different physician appointed as primary supervisor, the new supervisor must be provided a list of the PA's current privileges.

b. Supervision requirements:

(1) Physician supervision must be provided at all times.

(2) Each PA must have a physician appointed as primary supervisor. This supervisor must conduct random record reviews for clinical pertinence at established intervals, and countersign the records reviewed.

(3) The primary supervisor will conduct documented, personal observation of the PA's provision of care at least every 6 months.

(4) An alternate physician must be appointed in writing to assume the supervisory responsibilities in the absence of the regularly appointed supervisor. When the PA is involved in watchstanding (e.g., primary care clinic and emergency services), the physician in charge of the watchstanding area assumes supervisory responsibility. The care provided by the PA must be reviewed by the watchstanding area supervisor or through existing quality assurance mechanisms.

(5) Consultation with the supervising physician must be obtained and documented when problems, complex cases, or complications are encountered. This includes the unscheduled presentation of the same patient twice in a single episode of illness. Consultation may include, but is not limited to, discussion of the case with the supervising physician before or in the course of treatment, or timely review and discussion following disposition of the case.

9. Core privilege sheets are included in this appendix for the following specialties:

Audiology
Clinical Psychology
Clinical Social Work
Dietetics
Marriage and Family Therapy
Occupational Therapy
Optometry
Pharmacy
Physical Therapy
Physician Assistant
Podiatry
Speech Pathology

DEPARTMENT OF THE NAVY

Audiology - Core Privileges

Evaluation, habilitation, rehabilitation, counseling, appropriate referral, and management in all cases of auditory disorders per current ASHA, ANSI, CAOHC, and other applicable guidelines.

* Procedures/case types:
* Basic audiometry
* Pure tone/speech audiometry
* Acoustic immittance
* Amplification and aural rehabilitation
* Hearing aid candidacy determination, evaluation, selection, and fitting
* Earmold fabrication and modification
* Electroacoustical measurement of hearing aid performance
* Counseling and speech reading techniques
* Advanced audiometry
* Audiological site of lesion battery
* Fitness for duty determinations
* Functional hearing loss evaluation or determination
* Auditory evoked response
* Balance system assessment (vestibular testing, ENG, etc.)
* Hearing conservation program management

Audiology - Supplemental Privileges

_____Neurophysiological intraoperative monitoring
_____Electrocochleography (ECOG)
_____Electroneuronography (ENOG)
_____Cochlear implant evaluation
_____Real ear measurement
_____Cerumen management
_____Audiometric technician certification course director (CAOHC)
_____Otoacoustic emissions

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Clinical Psychology - Core Privileges

Consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders:

* Organic mental disorders
* Psychotic disorders
* Schizophrenia
* Delusional disorders
* Mood disorders
* Anxiety disorders
* Somatoform disorders
* Psychoactive substance use disorders
* Sleep disorders
* Factitious disorders
* Impulse control disorders
* Psychological factors affecting physical condition
* Disorders usually first evident in infancy, childhood, or adolescence now manifest in an adult patient such as eating disorders and gender identity disorders
* Conditions not attributable to a mental disorder that are a focus of attention or treatment
* Sexual disorders
* Adjustment disorders
* Personality disorders
* Dissociative disorders
* Combat stress reaction

Diagnostic and therapeutic procedures:

* Interviewing
* Psychosocial history taking
* Mental status examination
* Major types of psychotherapy including short term, long term, psychodynamic, family, marital group, individual, and behavior therapy
* Crisis intervention
* Community outreach (e.g., health promotion and command consultation)
* Special psychological examinations (e.g., incapacitation determinations and Rules for Courts-Martial 706 examinations (sanity boards)
* Evaluations for suitability and fitness for duty
* Administration and interpretation of psychological tests (intellectual and cognitive, clinical objective and inventory, clinical projective, achievement, vocational and aptitude, and questionnaire and survey instruments)

Clinical Psychologist - Supplemental Privileges

_____Neuropsychological assessment (requires subspecialty code 1842)
_____Prescribe and dispense psychotropic medications as delineated by the Pharmacy & Therapeutics Committee
_____Admit patients to the hospital included in the psychologist's scope of care and be responsible for patient histories and physical findings respective to their areas of expertise.

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Clinical Social Work - Core Privileges

Consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders:

* Organic mental disorders
* Psychotic disorders
* Schizophrenia
* Delusional disorders
* Mood disorders
* Anxiety disorders
* Somatoform disorders
* Psychoactive substance use disorders
* Sleep disorders
* Factitious disorders
* Impulse control disorders
* Psychological factors affecting physical condition
* Gender-identity disorders
* Conditions not attributable to a mental disorder that are a focus of attention or treatment
* Sexual disorders
* Adjustment disorders
* Personality disorders
* Dissociative disorders
* Combat stress reaction

Diagnostic and therapeutic procedures:

* Interviewing
* Major types of psychotherapy including short term, long term, psychodynamic, family, marital group, individual, and behavior therapy
* Community outreach (e.g., health promotion and command consultation)
* Mental status examination
* Crisis intervention
* Case management
* Medical discharge planning
* Psychosocial history taking

Clinical Social Work - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Dietetics - Core Privileges

* Liaison between physician, nursing care, and nutritional services.

Nutritional assessment, evaluation, and modification of nutrients to include:

* Interpretation of laboratory data
* Evaluation of diet history, 24-hour recall, and food frequency data
* Modifications in fiber, consistency, calories, carbohydrates, fats, proteins, and minerals
* Food allergy or intolerance and for alternate dietary plans such as vegetarianism
* Nutritional factors associated with obesity, diabetes, cancer, cardiac, gastrointestinal, hepatic, hypertension, metabolic, endocrine, renal, surgery, neurologic, pulmonary, malabsorption, and infection
* All life cycle phases (e.g., pregnancy, lactation, infants, children, adolescents, adults, and geriatrics)
* Disease prevention and palliation (e.g., dental caries, oral health, weight control, risk factor intervention, oncology, abnormalities of nutrient metabolism, drug-nutrient and diet-drug interactions, substance abuse, and feeding problems)
* Nutritional factors associated with stress, deficiency states, immunologic implication, megavitamin supplementation
* Education of patient and family in lifestyle modifications for above conditions

Dietetics - Supplemental Privileges

_____Assess, plan, and develop feeding regimens for nutritional support of trauma and critical care patients to include lab data interpretation, nutritional, fluid, and electrolyte requirements of the critically ill, and nutritional assessment through anthropometric data

_____Recommend specific feeding regimens in response to patients' nutritional and medical needs (e.g., parenteral, oral, and enteral) and defines specifications for those feeding protocols (e.g., total volume, calorie concentration, feeding rate, and osmolality)

_____Assess and recommend nutritional care plans for exercise and sports factors to include knowledge of body composition standards, nutritional, fluid, and electrolyte requirements for a variety of sports activities, knowledge of current methods of dietary supplementation

_____Assess, evaluate, and construct nutritional care plans and dietetic support for psychiatric eating disorders (e.g., anorexia and bulimia)

_____Assess, evaluate, and develop nutritional care plans and feeding regimen for burn patients to include metabolism and specific nutrient requirements

_____Assess, evaluate, and recommend nutritional care plans for advanced nutrition intervention in the pediatric patient to include malabsorption, endocrine abnormalities, failure to thrive, congenital abnormalities, or inborn errors of metabolism

_____Assess, evaluate, and develop nutritional care plans for the nutritional intervention for the oncology and hematology patient to clude drug-nutrient interaction, malabsorption, and feeding complications

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Marriage and Family Therapy - Core Privileges

Consultation, differential diagnosis, and treatment planning within the context of family systems for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders:

* Organic mental disorders
* Psychotic disorders
* Schizophrenia
* Delusional disorders
* Anxiety disorders
* Somatoform disorders
* Psychoactive substance use disorders
* Sleep disorders
* Factitious disorders
* Impulse control disorders
* Psychological factors affecting physical condition
* Disorders usually first evident in infancy, childhood, or adolescence now manifest in an adult patient such as eating disorders and gender identity disorders
* Conditions not attributable to a mental disorder that are a focus of attention or treatment
* Sexual disorders
* Adjustment disorders
* Personality disorders
* Dissociative disorders
* Combat stress reactions

Diagnostic and therapeutic procedures:

* Interviewing
* Psychosocial and family history taking
* Mental status evaluation
* Major types of therapy including short and long term psychotherapy, psychodynamic, family systems, marital, group, individual, and behavioral
* Crisis intervention
* Family and individual case management
* Community and systemic consultation (e.g., health promotion, prevention services, and command systems consultation)
* Discharge planning

Marriage and Family Therapy - Supplemental Privileges

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Occupational Therapy - Core Privileges

Comprehensive occupational therapy evaluation, planning, and treatment of all patients referred for:

* Impaired range of motion, strength, endurance, and coordination
* Daily living and leisure skills
* Occupational behavior skills associated with psychosocial dysfunctions
* Cognitive impairments such as orientation, concentration, conceptualization, comprehension, and sensory
* Pediatric development screening
* Basic orthotics such as static hand splints, dynamic hand splints, and simple fracture bracing without hinges using low temperature plastics
* Energy conservation
* Joint protection and body mechanics
* Work tolerance
* Prosthetic training for upper extremities
* Adaptations to therapeutic equipment
* Pediatric play skills

Occupational Therapy - Supplemental Privileges

Advanced hand therapy:
_____Post surgical hand rehabilitation
_____Modalities specific to hand rehabilitation acquired beyond basic degree such as electrical muscle stimulation, heat, and computer applied work devices

Advanced Orthotics:
_____High temperature plastics and power equipment used to construct ankle-foot orthosis, arch supports, and lumbar corsets
_____Hinged joint splints and thoracic, lumbar, and sacral orthotic back braces

Advanced Pediatrics:
_____Developmental testing using standardized materials
_____Neurodevelopmental training
_____Neonatal intensive care unit
_____Mobility management (wheelchair prescription and adaptive seating)
_____School based therapy (preschool 3-5 years and 6-21 years)
_____Sensory motor integration
_____Advanced Psychiatric Rehabilitation

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Optometry - Core Privileges

* Comprehensive evaluation of the eye and its adnexa, diagnose, and treatment of visual disorders and anomalies
* General and ophthalmic medical history
* Visual acuity evaluation
* Keratometry
* Lensometry
* Measurements, e.g., pupillary distance, near point of convergence, exophthalmos, and accommodation
* Ocular motility evaluations
* Stereopsis and depth perception evaluation
* Evaluation of pupillary reflexes
* Color vision assessment
* Refractions, manifest and cycloplegic
* Evaluation of binocular function
* Prescribing orthoptic techniques for binocular vision disorders
* Low vision evaluation and prescribing low vision devices
* Spectacle prescribing
* Contact lens fitting, prescription, followup care and modifications
* Tonometry, contact and noncontact
* Pupil dilation
* Examination of the eye using slit lamp biomicroscopy and goniolens
* Fundus examination of the peripheral retina using indirect ophthalmoscopy (with scleral depression when necessary) and fundus lenses
* Diagnosis, treatment with topically applied medications, and management of diseases and conditions of the eye and adnexa (excluding the treatment of glaucoma which is covered under supplemental privileges)
* Eye irritation
* Removal of nonperforating foreign bodies on the cornea or conjunctiva, including the use of topical anesthetic agents when necessary
* Conduct and interpret visual field tests
* Electrophysiological test interpretation
* Order laboratory tests appropriate to the practice of optometry
* Order imagery and radiological studies appropriate to the practice of optometry

Optometry - Supplemental Privileges

_____Fundus photography
_____Developmental and perceptual vision screening
_____Tonography
_____Pachymetry
_____Potential Acuity Meter (PAM) measurements
_____Perform retinal electrophysiologic studies
_____Perform retinal and neurophysiological visual evoked potentials
_____Perform A and B mode ultrasonography
_____Interpretation of fluorescein angiography
_____Punctal dilation and irrigation
_____Punctal occlusion with collagen implants

Nonsurgical treatment and management of glaucoma under one of the following conditions:

_____When the following equipment is readily available: Threshold visual field instrument, fundus camera, Gonioprismb; and the practitioner must acquire and maintain a therapeutic optometry license in a State that allows the treatment and management of glaucoma

or

_____The practitioner must have successfully completed advanced training in ocular disease, i.e., a fellowship or residency approved by the Commission on Optometric Education.

Prescribing the following oral medications appropriate to the practice of optometry:

_____Antibiotics
_____Antihistamines or decongestants
_____Nonsteroidal anti-inflammatory agents
_____Over the counter (OTC) medications
_____Steroids (after prior consultation with a physician and appropriate documentation in the medical record)

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pharmacy - Core Privileges

Provide pharmaceutical care services to include:

* Interpreting physician's orders
* Compounding and dispensing medicinal products
* Conduct medication education for patients and health care professionals
* Participating with the medical staff, in the receipt, control, and dispensing of investigational drugs and to ensure their appropriate use
* Evaluate and assure appropriateness of drug therapy by recognizing untreated indications, improper drug selection, subtherapeutic dosage, failure to receive drugs, overdosage, adverse drug reactions, drug interactions, and drug use without indication
* Monitor patient's therapy for desired therapeutic goals and outcome and document in progress notes and record verbal orders
* Select and individualize the most appropriate treatment regimen
* Perform verbal and written medication information consults
* Request and interpret relevant laboratory tests

Pharmacy - Supplemental Privileges

Using an MTF-approved protocol, provide complete pharmaceutical care services by initiating therapy per physician's request, altering doses for provision of optimal therapy, terminating therapy to avoid toxicity, initiating therapy to treat acute complications for the following:

_____Assess, evaluate, and develop treatment regimens for drugs requiring pharmacokinetic monitoring (drugs include but are not limited to: aminoglycosides, vancomycin, theophylline, antiarrhythmics, anticonvulsants, digoxin, etc.)

_____Assess, plan, and develop parenteral nutritional support of patients to include metabolic, nutritional, fluid, and electrolyte requirements

_____Assess, plan, and develop treatment regimen for patients receiving patient controlled analgesia to include appropriate medication, dose, lockout interval, basal rate, and need for acute bolusing based on the pharmacist's assessment of the patient's pain control and potential adverse effects

_____Assess, evaluate, develop, and monitor treatment regimens for anticoagulation therapy

_____Assess, evaluate, and monitor patient's stability on physician directed drug therapy. Based on assessment and protocol either extend current therapy, if stable, or refer patient to a physician for reevaluation, if unstable

_____Assess, evaluate, and monitor patients for uncomplicated minor symptoms (i.e., cough, cold allergy, rash, aches, pains, etc.) not requiring evaluation by a physician. Use an approved formulary to initiate therapy to treat symptoms and provide the patient with guidance for referral to a physician, if required

_____Assess, evaluate, develop, and monitor treatment regimens for antihyperlipidemic therapy.

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Physical Therapy - Core Privileges

* Examination, consultation, evaluation, and treatment of patients with neuromusculosketetal symptoms referred by other health care practitioners

Tests, therapies, and procedures:

* Tests of strength, balance, coordination, endurance, and gait
* Gait training
* Phonophoresis
* Electrotherapy
* Iontophoresis
* Thermal therapy
* Cryotherapy
* Exercise therapy
* Range and quality of motion
* Hydrotherapy including superficial wound debridement and dressing changes
* Activities of daily living
* Response to electrical current
* Fitting and fabrication of prosthetics, orthotics, supports, splints, and orthoses
* Manual therapy to periphery

Physical Therapy - Supplemental Privileges

_____Perform initial evaluation and treatment of patients with neuromusculoskeletal symptoms without physician referral (patient to be referred to a physician if no improvement in 2 weeks)
_____Refer patients to physicians or other health care practitioners
_____Request appropriate diagnostic radiologic studies (to be interpreted by a radiologist or orthopedist)
_____Request appropriate diagnostic laboratory studies; e.g., complete blood count, urinalysis, and lipids (to be interpreted by a medical officer)
_____Prescribe aspirin, tylenol, parafon forte, robaxin, and designated nonsteroidal anti-inflammatory drugs (to be filled only at the facility's pharmacy)
_____Authorize binnacle list (sick list) not to exceed 72 hours
_____Authorize light duty restrictions not to exceed 2 weeks
_____Perform and provide an impression of electroneuromyographic examination upon physician referral
_____Apply manual therapy to spinal joints
_____Pediatric neuromusculoskeletal development evaluation and treatment
_____Developmental pediatrics
_____Neonatal intensive care

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Physician Assistant - Core Privileges

Provide evaluation and triage, initial and subsequent evaluations, establish working diagnoses, treatment, and case management per accepted treatment and management standards of medical practice in the following:

* Hypertension
* Arthritis
* Diabetes
* Gastrointestinal illness
* Respiratory illness
* Viral infections
* Bacterial infections
* Anemia
* Thyroid disease
* Gout
* Renal disease
* Hepatic disease
* Obesity
* Back and neck pain
* Bursitis
* Tendinitis
* Sprains
* Strains
* Musculoskeletal trauma
* Immunization status
* Well-child care
* Acute childhood illness
* Chronic childhood illness
* Joint injuries
* Acne
* Tinea
* Verruca
* Dermatitis
* Exanthems, viral and bacterial
* Scabies
* Pediculosis
* Herpes
* Burns, first and second degree
* Seborrhea
* Psoriasis
* Eczema
* Conjunctivitis
* Corneal abrasion
* Styes
* Sexually-transmitted diseases
* Vaginitis
* Contraception
* Otitis, externa and media
* Pharyngitis
* Cerumen impaction
* Laryngitis
* Rhinitis
* Epistaxis
* Cystitis
* Prostatitis
* Urethritis
* Epididymitis
* Auditory dysfunction

Procedures:

* Developmental screening
* Physical examinations
* Routine breast and pelvic exams
* Removal of foreign body
* Excision of cyst
* Incision and drainage of abscess
* School physicals
* Suture of simple laceration
* Skin or subcutaneous excisional biopsy
* Evacuation of thrombosed hemorrhoid
* Apply and change dressings and bandages
* Crisis intervention counseling
* Diagnose and refer substance abuse
* Family and marital counseling
* Peripheral venipuncture
* Peripheral venous infusion
* Local infiltration anesthesia
* Suture closure, one layer
* Indirect laryngoscopy
* Irrigation of the eye, ear, and wounds
* Administration of intradermal, intramuscular, and intravenous medications
* Fluorescein staining
* Splinting and stabilizing spine or extremity injuries
* Control of external hemorrhage

* Initial interpretation of audiograms
* Initial interpretation of electrocardiograms
* Initial interpretation of x-rays
* Visual acuity testing
* Tonometry and tonography
* Color vision testing
* Operation of Armed Forces Vision Tester
* Bladder catheterization
* Anoscopy
* Animal bites
* Fractures
* Pregnancy
* Pelvic inflammatory disease
* Request and interpret pertinent laboratory, electrocardiographic, radiographic, and other diagnostic studies needed for the management of the patient
* Initiate consultation or referral with appropriate physician, specialty clinic, or other health care resource as needed
* Prescribe medications and therapy regimens as approved by the privileging authority
* Assess, stabilize, and triage patients who have emergent life-threatening problems for immediate referral and transfer to the appropriate physician

Physician Assistant - Supplemental Privileges

_____Occupational and medical surveillance program physical examinations for workers engaged in hazardous occupations per NAVOSH, OSHA, and Navy occupational medicine instructions and directives

_____Evaluation and treatment of patients with temperature related injuries

_____Casting for the purpose of immobilizing and setting of fractures

Preliminary diagnosis and treatment of:

_____Severe trauma

_____Suture closure, double layer

_____Shock

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Podiatry - Core Privileges

* Medical and surgical treatment of disorders of the foot and ankle with comprehensive and complete podiatric medical examination for consultation, diagnosis, and treatment planning
* Biomechanical examination with fabrication or prescribing of orthotic and shoe appliances or devices, including design of special shoes
* Comprehensive joint and gait analysis as related to foot and ankle
* All dermatological diseases of the foot and ankle
* All circulatory disorders affecting the foot and ankle
* All neurological disorders affecting the foot and ankle
* Arthritis and other inflammatory diseases affecting the foot and ankle
* All toenail disorders
* Skin and soft tissue tumors and cysts of the foot
* Soft tissue surgery of the foot (including the skin and nails)
* Digital osseous and soft tissue surgery, including the great toe
* Foot and ankle trauma (strains, sprains, contusions)
* Skin and soft tissue biopsy of the foot and ankle
* Treatment of closed extremity dislocations or simple fractures of foot and ankle
* Diagnostic and therapeutic procedures
* Order x-rays of foot and ankle
* Order and interpret all appropriate laboratory studies in the practice of podiatric medicine and surgery
* Order and prescribe treatment by physical medicine and therapy
* Admit podiatric patients to the hospital for further treatment or surgery with cosignature by attending physician

Podiatry - Supplemental Privileges

Require podiatric surgical residency (PSR-12):

_____First metatarsal osseous and soft tissue surgery
_____Lesser metatarsal osseous and soft tissue surgery
_____Midtarsal (cuboid, navicular, cuneiform osseous, and soft tissue) surgery
_____Tarsal (talus, calcaneus osseous, and soft tissue) surgery
_____Podiatric soft tissue laser surgery
_____Order computerized axial tomography and magnetic resonance imaging tests of the foot and ankle
_____Complete amputation of lesser toes, osseous, and soft tissues

Requires podiatric surgical residency (PSR-24):

_____Ankle joint osseous and soft tissue surgery/complex ankle fractures

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Speech Pathology - Core Privileges

* Evaluation, remediation, counseling, appropriate referral and management of all cases of speech, language, and voice disorders per current ASHA and applicable department facility guidelines.

Procedures/Case Types:

* Provide, upon physician referral, evaluation, and treatment programs for basic and more complicated communication disorders including: articulation, language, fluency, resonance phonatory, and neuromuscular problems
* Select, administer, and interpret commonly used diagnostic tests including vocabulary, articulation, and language batteries for adults and children
* Refer patients to physicians, audiologists, or other health care providers as appropriate
* Select appropriate laryngeal (nonvocal) communication devices

Speech Pathology - Supplemental Privileges

_____Fits/inserts tracheo-esophageal voice prostheses
_____Provides modified barium swallow studies in consultation with radiology
_____Designs individualized swallowing programs for patients as indicated
_____Provides, in cooperation with otolaryngology, videoendoscopy and laryngeal stroboscopy to evaluate and treat phonatory disorders
_____Performs rigid (oral) endoscopy independently for treatment and documentation purposes
_____Provides, with physician, video/nasoendoscopy to evaluate and treat velopharyngeal disorders
_____Assist in selection process of patients for tracheoesophageal puncture
_____Supervise graduate level clinicians
_____Consult, upon physician referral, on fitness for duty evaluations.

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

Appendix H

CLINICAL PRIVILEGE SHEETS FOR NURSE SPECIALISTS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care; i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges:

(1) Constitute a single entity. This is not a list from which applicants may pick and choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully-qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by individual treatment facilities. Forward suggested modifications to core privileges to MED-03 (clinical management) via the appropriate specialty advisor.

b. Supplemental privileges:

(1) Are delineated on an item by item basis. Provider must write yes or no beside the supplemental privilege, on the privilege sheet. The area labeled other is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by treatment facilities by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets commensurate with their clinical specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws, and Navy regulations.

4. Criteria for nurse specialists core privileges:

a. Current clinical competence.

b. No health status contraindications to granting clinical privileges as delineated.

c. The Nurse Practitioner Utilization Guidelines require board certification for credentialing. A Master's in nursing may be a requirement to sit for the board for the appropriate certification body. Education, licensure, and certification requirements as applicable to the specific nurse specialty. Approved licensing and certification jurisdictions are in reference (e).

(1) Family Nurse Practitioner. Successful completion of an organized educational program recognized and approved by BUMED.

(2) Pediatric Nurse Practitioner. Successful completion of a BUMED recognized and approved educational program.

(3) Nurse Anesthetist. Successful completion of a BUMED recognized and approved educational program and either current Certified Registered Nurse Anesthetist or within 18 months of completing a BUMED approved educational program.

(4) Nurse Midwife. Successful completion of a BUMED recognized and approved educational program and current American College of Nurse Midwives certification.

(5) Women's Health Nurse Practitioner (WHNP) (Obstetrics/Gynecology Nurse Practitioner). Demonstrated experience and competence in techniques requiring special skills. Certification necessary for identified procedures.

5. Criteria for nurse specialist supplement privileges:

a. Criteria for core privileges.

b. Compliance with specialty-specific criteria which have been endorsed by the MTF ECOMS and approved by the privileging authority.

(1) Family Nurse Practitioner. Education and training approved by the supervising department head.

(2) Pediatric Nurse Practitioner. Education and training approved by the Head, Pediatrics Department.

(3) Nurse Anesthetist. Education and training approved by the Head, Anesthesia/Surgery Department.

(4) Nurse Midwife. Demonstrated experience and competence in techniques requiring special skills. Certification necessary for identified procedures.

(5) WHNP (Obstetrics/Gynecology Nurse Practitioner). Education and training approved by the Head, Obstetrics/Gynecology Department.

6. The following specialty nurses are licensed independent practitioners. Their core privilege sheets are included in this appendix:

Certified Nurse Midwife
Family Nurse Practitioner
Nurse Anesthetist
Pediatric Nurse Practitioner
Women's Health Nurse Practitioner

DEPARTMENT OF THE NAVY

Certified Nurse Midwife - Core Privileges

Assessment and management of care of essentially healthy woman throughout the life cycle, and the healthy woman and newborn throughout the childbearing process, inclusive of:

* Health, psychosocial, and obstetric/gynecologic history and physical examination
* Complete prenatal care of the normal obstetric patient
* Consultation to other specialists, clinics, or health resources as indicated
* Collaborative management of complicated patients (as defined by the department) with an obstetrician/gynecologist
* Order routine screening laboratory tests and radiographic procedures
* Prescribe and dispense medications as approved by Pharmacy and Therapeutics Committee
* Prescribe and dispense all contraceptive agents exclusive of subcutaneous implanted progestin devices and cervical caps
* Assessment and treatment of OB/GYN patients with acute episodic illness (consultation with appropriate medical officer when needed)
* Develop a health promotion and maintenance plan, including disease prevention and health screening
* Provide periodic health screening
* Provide abortion counseling
* Assess and treat patients with minor gynecological problems and sexually-transmitted diseases
* Antenatal evaluation of fetal well-being by electronic fetal monitoring and interpretation of stress and nonstress tests
* Diagnosis of labor, performing admission history, and physical examination
* Management of uncomplicated labor inclusive of routine inpatient orders, amniotomy, external and internal monitoring, analgesia using intramuscular and intravenous narcotics and potentiators
* Management of uncomplicated vertex delivery inclusive of local, pudendal, and paracervical block anesthesia, episiotomy, and repair
* Assessment and management of normal post partum orders, and administration of oxytocics
* Assessment of readiness for and discharge of patients from the hospital
* Initial routine care of newborn inclusive of aspiration with DeLee and endotracheal tube (in case of emergency), assignment of APGAR scores, and initial newborn examination in the delivery room
* Resuscitation of newborn by mask and bag

Certified Nurse Midwife - Supplemental Privileges

_____Application of outlet forceps and delivery of infant
_____Application of vacuum extractor and delivery of infant
_____Manual removal of placenta
_____Uterine exploration
_____Repair third and fourth degree paravaginal, vaginal, and cervical lacerations
_____Resuscitation of newborn by endotracheal intubation
_____Genetic counseling
_____Ultrasound level I
_____Endometrial biopsy
_____Colposcopy, cervical and endocervical biopsy, and cryotherapy
_____Assist obstetrician/gynecologist in operative procedures
_____LEEP procedures
_____Vulvar and vaginal biopsy
_____Insert and remove subcutaneous progestin implants

_____Fit cervical cap
_____Independent admission privileges to OB/GYN service

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Family Nurse Practitioner - Core Privileges

Comprehensive assessment, examination, consultation, diagnosis, and treatment to include:

* Triage patients who have life-threatening problems
* Counsel patients with common marital or family problems
* Immunizations for adults and children
* Adults with minor acute episodic illnesses
* Well-baby examinations
* Counsel patients with minor psychosexual problems
* Prenatal care for patients with uncomplicated pregnancies
* Contraceptive counseling (all varieties)
* Obstetrical patients with minor acute episodic illnesses
* Minor gynecological problems and venereal disease
* Postpartum care for patients with uncomplicated delivery and postnatal course
* Counsel patients with psychosocial problems relative to pregnancy and delivery
* Gynecological cancer-screening care such as the PAP smear and breast examination
* Physical, developmental, and psychosocial status of the infant, preschool, school age, and adolescent child including initiation of appropriate screening tests
* Children with minor acute episodic illnesses
* Adults with chronic or long-term illnesses
* Request laboratory studies, electrocardiograms, and radiographic procedures
* Request consultation or referral with appropriate physicians, clinics, or other health resources as indicated
* Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee

Family Nurse Practitioner - Supplemental Privileges

_____Incise and drain thrombosed hemorrhoids, cyst, and minor abscesses
_____Give local anesthesia for wound infiltration and suturing of minor lacerations not involving nerve, tendon, or vessels
_____Perform removal of minor dermatological growths
_____Perform removal of toe or finger nails
_____Insertion of intrauterine device and Norplant
_____Endometrial biopsies
_____Colposcopy

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Nurse Anesthetist - Core Privileges

The nurse anesthetist is a licensed independent practitioner responsible for the anesthetic management of patients to be rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental, and certain medical procedures, including preoperative, intraoperative, and postoperative monitoring, evaluation, and treatment:

* Management of fluid, electrolyte, and metabolic parameters
* Resuscitation of patients of all ages
* Management of malignant hyperthermia
* Manipulation of cardiovascular parameters
* Manipulation of body temperature
* Intravenous conscious sedation and analgesia
* Treatment of hypovolemia from any cause
* Management of respiratory parameters
* Treatment of unconscious patients
* Initiation and management of patient controlled analgesi (PCA), intrathecal, and epidural analgesia

Procedures:

* Local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural, and major plexus blocks
* General anesthesia, including invasive monitoring, respiratory therapy airway management to include emergency cricothyroidotomy
* Prescribe perioperative medications approved by medical staff
* Release patients from the care of the anesthesia service
* Provision of anesthesia related consultative services for other health care providers when requested

Nurse Anesthetist - Supplemental Privileges

_____Anesthesia for cardiac operations with cardiopulmonary bypass
_____Anesthesia for elective procedures on neonates who are physical status III or higher
_____Diagnostic and therapeutic blocks, excluding permanent nerve blocks for acute pain, upon request of a physician

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Pediatric Nurse Practitioner - Core Privileges

Assess the physical, developmental, and psychosocial status of the infant, preschool, school age, and adolescent child including:

* Initiate requests for screening tests such as vision, hearing, speech, laboratory tests, radiographics studies, Denver Developmental Screening Test, and other tests
* Initiate requests for consultation or referrals with appropriate physicians, clinics, or other health resources
* Health maintenance clinics
* Immunizations
* Acute illnesses of a nonlife-threatening nature
* Chronic illnesses
* Counseling
* Use of community and school resources
* Prescribe and dispense medication with the endorsement of the Pharmacy and Therapeutics Committee of the command in conjunction with the department head of pediatrics
* Stand watches in pediatric areas to evaluate and provide treatment to pediatric patients in collaboration with a pediatrician
* Identify high-risk families for child abuse and neglect using the family advocacy program as appropriate

Pediatric Nurse Practitioner - Supplemental Privileges

_____Perform PAP smears
_____Birth control counseling for adolescents including the prescribing of birth control pills
_____Management of minor trauma and orthopedic injuries

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

Women's Health Nurse Practitioner (OB/GYN Nurse Practitioner) - Core Privileges

Assessment and management of care of essentially healthy women throughout the life cycle inclusive of:

* Health, psychosocial, obstetric/gynecologic history, and physical examination
* Complete prenatal care of the normal obstetric patient
* Consultation to other specialists, clinics, or health resources as indicated
* Order routine screening laboratory tests and radiographic procedures
* Prescribe and dispense medications as approved by Pharmacy and Therapeutics Committee
* Prescribe and dispense all contraceptive agents excluding subcutaneous implanted progestin devices and cervical caps
* Assessment and treatment of patients with acute episodic illness (consultation with appropriate medical officer when needed)
* Develop a health promotion and maintenance plan, including disease prevention, health education, and counseling
* Provide periodic health screening
* Provide abortion counseling
* Assess and treat patients with minor gynecological problems and sexually-transmitted diseases

Women's Health Nurse Practitioner - Supplemental Privileges

_____Insert and remove subcutaneous progestin implants
_____Fit cervical cap
_____Colposcopy, cervical and endocervical biopsy, cryosurgery
_____Endometrial biopsy
_____Vulvar and vaginal biopsy
_____LEEP procedures
_____Genetic counseling
_____Ultrasonography level I
_____Assist obstetrician/gynecologist in operative procedures

Other:

Treatment Facility:_____ Date Requested:_____

Practitioner Name: _____ Date Approved: _____

Appendix I

PRIVACY ACT STATEMENT INDIVIDUAL CREDENTIALS FILE (ICF)/PROFESSIONAL FILE (IPF)

1. The authority for collection of information including social security number (SSN) is found in Section 301, Title 5, United States Code.

2. Principal purpose for which information is intended to be used:

This form provides the advice required by the Privacy Act of 1974. The personal information will facilitate and document your credentials. The SSN of the member is required to identify and retrieve credentials and professional files.

3. Routine uses:

The primary use of this information is to provide, plan, and coordinate members credentials and privileging information. This will aid the privileging authority to review the members academic qualifications, make a determination on the members clinical competence, and grant appropriate privileges requested.

4. Whether disclosure is mandatory or voluntary and effect on individual of not providing information:

For all personnel, the requested information is mandatory because of the need to document all credentials, privileging, and quality assurance (performance improvement and quality management) data. If the requested information is not furnished, establishment of eligibility for appointment to the medical staff and granting of privileges will not be possible. This all inclusive privacy act statement applies to all requests for personal information made by personnel for credentials verification purposes and shall become a permanent part of your ICF or IPF.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form shall be furnished to you.

Member signature: _____

Member SSN: _____

Date: _____

Appendix J
PERSONAL AND PROFESSIONAL INFORMATION SHEET - PRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use 'NA' if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and sub-section for those items being commented upon in attachments.

1. General. Last Name, First, MI:_____

Alias (Last, First, MI):_____

Grade:_____ Desig: _____SSN:_____ Date of Birth: _____

Branch of Service:_____ Citizenship: _____ Reporting Date:_____

PRD:_____ Specialty: _____Office Phone:(_____) _____-_____

Office Address:_____

Local Address:_____

Home Phone:(_____) _____-_____

2. Professional Education and Training (most recent first).

a. Basic Qualifying Degree (e.g. MD, DO, OD, MSW, or PhD)

Institution	Address	Credential	From	To

b. Internship (INT), Residency (RES), and Fellowship (FEL).

Institution	Address	Type	From	To

3. Qualifying Certifications and Specialty Boards.

Certification or Recertification Issue Date Expiration Date

_____

_____

_____

4. All Licenses or Certificates by State or Federal Agency.

a. License Information:

License#	State	Type	Expires

License#	State	Type	Expires

b. Drug Enforcement Agency Numbers.

DEA #	Expiration Date	DEA #	Expiration Date

5. All Professional Assignments, Military and Civilian.

_____

_____

_____

_____

_____

_____

6. Academic Appointments.

Institution	Full Address	Position	From	To

7. Professional Affiliations.

Organization	Full Address	Office	From	To

8. Continuing Education Credits for Past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic.

Institution	Course Title/Subject	Cr. Hrs	Date

Institution	Course Title/Subject	Cr. Hrs	Date

b. Contingency Training (indicate certified [C] or trained [T]).

Training	C/T	Expiration	Training	C/T	Expiration
BLS			ACLS		
ATLS			CTTC		
C-4			NALS		
PALS					

9. Health status and history (Answer yes or no. Explain all yes answers in comments section).

____ a. Do you currently have any physical or mental impairments that could limit your clinical practice?

____ b. Are you currently taking any medications?

____ c. Do you have a potentially-communicable disease?

____ d. Have you been hospitalized for any reason during the last 5 years?

____ e. Have you ever been psychiatrically hospitalized or diagnosed with a major psychiatric disorder?

____ f. Are you currently under or have you ever received treatment for an alcohol or drug-related conditions?

____ g. Have you ever been involved in the unlawful use of controlled substances?

Comments:_____

_____

_____

_____

_____

10. Malpractice, licensure, privileging action, and legal history (Answer yes or no. Explain all yes answers in comments section).

____ a. Have you ever been denied staff appointment or had your privileges suspended, limited, revoked, or renewal denied?

____ b. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

____ c. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

____ d. Have you ever voluntarily or involuntarily withdrawn or reduced your staff appointment with clinical privileges?

____ e. Has your license or certification (any, including DEA) to practice in any jurisdiction ever been revoked or restricted?

Comments:_____

_____

_____

11. Moonlighting information. (Specify other facilities where you currently hold clinical privileges.)

Institution	Full Address	Department	Priv Spec

12. Other information. (Include any additional information that you wish to bring to the attention of the privileging authority.)

(Signature) (Date)

PERSONAL AND PROFESSIONAL INFORMATION SHEET
NONPRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use 'NA' if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and subsection for those items being commented upon in attachments.

1. General. Last Name, First, MI: _____

Alias (Last, First, MI): _____

Grade: _____ Desig: _____ SSN: _____ Date of Birth: _____

Branch of Service: _____ Citizenship: _____ Reporting Date: _____

PRD: _____ Specialty: _____ Office Phone: (_____) _____-_____

Office Address: _____

Local Address: _____

Home Phone: (_____) _____-_____

2. Professional Education and Training (most recent first).

a. Basic Qualifying Credential (e.g. BS, AD, MS, PhD)

Institution	Address	Credential	From	To

b. Special Education. (Include professional course of 2 weeks duration or greater, LMET, or other relevant programs that pertain to practice.)

Institution	Address	Specialty	Type	From	To

3. Speciality Certifications.

Certification	Number	Agency	Issue Date	Exp. Date

4. Licensure or Certification by State or Federal Agency (include Drug Enforcement Agency (DEA) certification).

a. License Information.

License#	State	Type	Expires

5. Relative Work Experience. (List chronologically, most recent first.)

_____

_____

_____

_____

_____

6. Membership in Professional Organizations.

Organization	Office	From	To

7. Continuing Education Credits for past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic.

Institution	Course Title/Subject	Cr. Hrs	Date

b. Contingency Training (indicate certified [C] or trained [T]).

Training	C/T	Expiration	Training	C/T	Expiration
BLS			ACLS		
ATLS			CTTC		
C-4			NALS		
PALS					

8. Personal Awards and Letters of Recognition. (List chronologically, most recent first.)

Award/Recognition	Month/Year Awarded

9. Publications. (List chronologically, most recent first.)

Title	Publication Date

10. Health status and history (Answer yes or no. Explain all yes answers in comments section.)

____ a. Do you currently have any physical or mental impairments that could limit your clinical practice?

____ b. Are you currently taking any medications?

____ c. Do you have a potentially-communicable disease?

____ d. Have you been hospitalized for any reason during the last 5 years?

____ e. Have you ever been psychiatrically hospitalized or diagnosed with a major psychiatric disorder?

____ f. Are you currently under or have you ever received treatment for an alcohol or drug-related conditions?

____ g. Have you ever been involved in the unlawful use of controlled substances?

Comments:_____

_____

_____

_____

_____

_____

_____

_____

11. Malpractice, licensure, reduction in clinical scope, and legal history (Answer yes or no. Explain all yes answers in comments section.)

____ a. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

____ b. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

____ c. Has your license or certification (any, including DEA) to practice in any jurisdiction ever been revoked or restricted (voluntarily or involuntarily)?

Comments:_____

_____

_____

_____

_____

_____

12. Moonlighting information. (Specify other facilities where you currently work.)

Institution	Full Address	Department	Priv Spec

13. Other information. (Include any additional information that you wish to bring to the attention of the privileging authority.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Signature) (Date)

Appendix K

SAMPLE APPLICATION FOR PROFESSIONAL STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

(*Date*)

From: (*Name of practitioner*)
To: (*Privileging authority*)
Via: (1) Professional Affairs Coordinator
(2) Appropriate chain of command

Subj: STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Encl: (1) Clinical privilege sheet
(2) Individual Credentials File (ICF) or appendix N (CTB), if ICF is not available

1. Request (see end Note; check the applicable paragraph):

____ a. Initial staff appointment with clinical privileges as reflected in enclosure (1).

____ b. Active staff appointment with clinical privileges as reflected in enclosure (1).

____ c. Renewal of active staff appointment with clinical privileges, ____ with ____without changes from current privileges, as reflected in enclosure (1).

____ d. Affiliate staff appointment with clinical privileges as reflected in enclosure (1).

____ e. Modification of clinical privileges as reflected in enclosure (1).

____ f. Active staff appointment with clinical privileges as reflected in enclosure (1), based on the active staff appointment with core and supplemental clinical privileges granted at my previous command.

____ g. Active staff appointment with clinical privileges, as reflected in enclosure (1), based on the successful completion of my Navy full-time inservice.

_____ Internship

_____ Residency

_____ Fellowship

2. Enclosure (2) provides information in support of this application.

3. I certify that (check applicable paragraphs):

____ a. I possess the credentials and current clinical competence to justify the granting of the staff appointment with clinical privileges as requested.

____ b. I have been provided a copy of or access to, have read, and agree to comply with the facility professional staff policies, procedures, and by-laws.

____ c. I have been provided access to and agree to comply with the applicable credentials and privileging directives.

____ d. I have no current mental or physical impairment that could limit my clinical abilities.

____ e. I will notify the privileging authority (PA) and my commanding officer if different from the PA of any change in my mental or physical condition that could limit my clinical ability or performance.

____ f. I pledge to provide for the continuous care of my patients.

____ g. To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct.

4. I authorize (*MTF or DTF name*), its professional staff, and legal representatives, for the purpose of evaluating my professional competence, character, and ethical conduct, to contact and consult with:

____ a. Administrators and members of the professional staff of any other treatment facility, institution, or practice with which I have been associated.

____ b. Current or past malpractice carriers.

____ c. My professional colleagues

5. I consent to the inspection by (*MTF or DTF name*), its professional staff, and lawful representatives of all records and documents, including health records at other treatment facilities, that may be material to evaluation of my professional qualifications for staff membership and clinical privileges.

6. I release from liability all individuals or organizations who respond honestly and in good faith to inquiries authorized in paragraphs 4 and 5.

Signature_____Date_____

Note: Privilege sheets previously approved may be reused when applying for subsequent staff appointments and reappointments if there are no changes in the privileges requested. In such cases, another set of "date requested" and "date approved" blocks must be added to each privilege sheet and completed.

ENDORSEMENT PAGE - INITIAL APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, current competence as documented in enclosure (2), an interview with a applicant, and compliance with the _____ department appointment and privilege criteria, an initial staff appointment with clinical privileges, as requested, is granted with the expiration date of _____ (not to exceed 1 year from date of approval). Your assigned proctor for this initial appointment is _____.

_____Recommended	_____Approved
_____Not recommended	_____Disapproved
_____See comments below*	_____See comments below*
_____	_____
Department Head Signature	Privileging Authority Signature
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Date	Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE - ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, demonstrated current competence in requested privileges as reflected on the attached PAR (appendix A), and fulfillment of the _____ department's appointment and privilege criteria, an active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

_____Recommended
_____Not recommended
_____See comments below*

_____
Department Head Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, Credentials Committee Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Directorate Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, ECOMS/ECODS Committee Signature

_____
Typed or Printed Name

_____
Date

_____Approved
_____Disapproved
_____See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name

_____
Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE - AFFILIATE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, current competence at the previous treatment facility as documented in enclosure (2), and fulfillment of the _____ department's appointment and privilege criteria, an affiliate staff appointment with clinical privileges, as requested, is granted with the expiration date of _____ (not to exceed 2 year from date of approval).

_____Recommended
_____Not recommended
_____See comments below*

_____
Department Head Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, Credentials Committee Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Directorate Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, ECOMS/ECODS Committee Signature

_____
Typed or Printed Name

_____
Date

_____Approved
_____Disapproved
_____See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name

_____
Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE - RENEWAL OF ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, demonstrated current competence in requested privileges as reflected on the attached PAR (appendix A), and fulfillment of the _____ department's appointment and privilege criteria, renewal of the applicant's active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

_____Recommended
_____Not recommended
_____See comments below*

_____
Department Head Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, Credentials Committee Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Directorate Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, ECOMS/ECODS Committee Signature

_____
Typed or Printed Name

_____
Date

_____Approved
_____Disapproved
_____See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name

_____
Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:

Department Head
Practitioner

ENDORSEMENT PAGE - MODIFICATION OF CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, demonstrated current competence, and fulfillment of the _____ department's appointment and privilege criteria, a modification, as requested, to the previously approved clinical privileges is granted with an expiration date of _____ (must coincide with the expiration date of the current staff appointment).

_____Recommended
_____Not recommended
_____See comments below*

_____
Department Head Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, Credentials Committee Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Directorate Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, ECOMS/ECODS Committee Signature

_____
Typed or Printed Name

_____
Date

_____Approved
_____Disapproved
_____See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name

_____
Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:

Department Head
Practitioner

ENDORSEMENT PAGE - ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES ON SUCCESSFUL COMPLETION OF GRADUATE PROFESSIONAL EDUCATION

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, health status, demonstrated current competence in requested privileges as reflected on the attached PAR (appendix A), and fulfillment of the _____ department's appointment and privilege criteria, and active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

_____Recommended
_____Not recommended
_____See comments below*

_____
Department Head Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, Credentials Committee Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Directorate Signature

_____
Typed or Printed Name

_____
Date

_____Recommended
_____Not recommended
_____See comments below*

_____
Chair, ECOMS/ECODS Committee Signature

_____
Typed or Printed Name

_____
Date

_____Approved
_____Disapproved
_____See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name

_____
Date

Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

Appendix L

There is no Appendix L

Appendix M

There is no Appendix M

Appendix N

CREDENTIALS TRANSFER BRIEF (CTB) or DOD INTERFACILITY CREDENTIALS TRANSFER AND PRIVILEGING BRIEF (ICTB) ON HEALTH CARE PRACTITIONERS

1. When health care practitioners are assigned duty to a facility other than one under the cognizance of their current privileging authority, the privileging authority must convey pertinent credentials and privileging information to the gaining treatment facility. This information is used as a basis for authorizing the practitioner to practice upon arrival at the gaining treatment facility. A sample message used to convey the information is found at the end of this appendix. A speedletter, NAVGRAM, fax, or e-mail may also be used, but must follow the format of the sample message.

2. The following instructions are provided to assist in completing the items of information in the CTB:

a. Paragraph 1: Complete name, grade (or rating if civil service), corps, social security number, clinical specialty.

b. Paragraph 2: List qualifying degree, internship, residency, fellowship, and other qualifying training as appropriate. Include completion date of each and indicate presence/absence of primary source verification (PSV) in the ICF.

c. Paragraph 3: List all State licenses, registrations and certifications, expiration date, and PSV status of each.

d. Paragraph 4: List all applicable specialty/board certifications and recertification, expiration date, and PSV status of each.

e. Paragraph 5: List all applicable life-support training (BLS, ACLS, ATLS, PALS, NALS), and readiness training certification (when developed) and expiration date.

f. Paragraph 6: State the type of appointment (initial, active, affiliate) currently held by the HCP, and the expiration date. List privileges granted or summarize privileges and attach current privilege lists.

g. Paragraph 7: List date of most recent National Practitioner Data Bank query and indicate absence or presence of information in the report. Indicate if no query was made.

h. Paragraph 8: Provide a statement of the nature or purpose of the temporary assignment and request performance appraisals as appropriate. (Any CTB equivalent form used by

other health care system privileging authorities shall be accepted by the sending or receiving Navy facility.)

i. Paragraph 9: Provide a brief statement from an individual personally acquainted with the applicant's professional and clinical performance through observation or review to include quality assessment activities describing:

(1) The applicant's actual clinical performance with respect to the privileges granted at the sending facility.

(2) The discharge of their professional obligations as a medical staff member.

(3) Their ethical performance.

This person may be a training program director for new practitioners or a peer from a prior or the current command. The statement may be taken from a current performance evaluation in the provider's ICF; however, the person making the statement must be asked whether or not additional relevant information exists pertaining to the elements above. Relevant information is defined as information that reflects on the current clinical competence of the provider. The paragraph must contain a statement indicating the presence or absence of other relevant information in the recommendation relating to the provider's competence for privileges, as granted, along with a means of direct contact with the person making the recommendation (name, title, or position held, telephone, fax, etc.).

j. Paragraph 10: Provide certification that the ICF was reviewed and is accurately reflected in the CTB as of (annotate the date). This paragraph must contain a statement indicating the presence or absence of other relevant information in the ICF. Supplemental information accompanying primary source verification of training and licensure is of particular importance. Examples of other relevant information include, but are not limited to: delays in or extensions in training due to marginal performance, unprofessional conduct during training or in previous practice settings, investigations conducted or limitations imposed by State licensing boards, adverse actions, malpractice, etc.

k. Paragraph 11: Provide the name, title, phone number, and fax number of the designated point of contact at the sending facility.

l. Paragraphs applicable to HCPs from Reserve or Guard components (as needed):

(1) Provide the current civilian position, place of employment, or facility where privileges are held, and the clinical privileges held by the HCP.

(2) If the HCP is self-employed, provide the HCP's office location.

(3) If privileges are held at several facilities, provide the name and location of the place or places where the majority of the practitioner's practice is conducted, and a list of the clinical privileges held which are applicable to the assignment prompting the use of the CTB.

(4) Additionally, include the address, business phone, and home telephone number where the practitioner can be reached prior to reporting for the assignment and the name of the MTF/DTF and dates of the last tour of clinical duty.

m. Certifying signature by MTF/DTF commander and date.

(Use sample message format (N-4, N-5) as a guide when preparing transfer briefs.)

SAMPLE MESSAGE FORMAT

FROM: SENDING FACILITY/UNIT/LOCATION

TO: GAINING FACILITY/UNIT/LOCATION

INFO: Centralized Credentials Review and Privileging Detachment (CCPD) for Reservists only

HLTHCARE SUPPO Jacksonville, FL

UNCLAS/N06320

SUBJ: Credentials and Privileging Transfer Brief

A. BUMEDINST 6320.66B

1. CDR John C. DOE, MC, USN, 111-22-3333/2100, General Surgeon

2. Education/Training	Completion Date
A. Degree: MD	30 JUN 75 (v)
B. Internship	30 JUN 76 (v)
C. Residency, general surgery	25 JUL 82 (v)
D. Fellowship	01 JAN 90 (v)
E. Other qualifying training	(v)

3. Licensure/Certification (current) Registration	Expiration Date
A. CA	31 DEC 98 (v)
B. MD	15 NOV 98 (v)

4. Specialty board certification/ Recertification	Expiration Date
A. Amer Bd of Surgery	25 JUL 99 (v)

5. Contingency training	Expiration Date
A. BLS	15 MAR 97
B. ACLS	30 MAR 97
C. ATLS	15 APR 96
D. PALS	23 JUN 96
E. NALS	18 SEP 97

6. Current staff appointment with clinical privileges as noted on CTB at sending facility.

A. Professional staff appointment expires: 30 OCT 97

B. Core privileges granted: General surgery

C. Supplemental privileges: Repair and reconstruction of vascular abnormalities, injuries, or diseases (includes placement of vascular grafts and arterioplasties); endoscopic dilation or sphincterotomy.

7. Date of National Practitioner Data Bank query: information present or absent in data bank.

8. (*Provider's name*) will be practicing at your facility on an ongoing basis. Please forward a performance appraisal to this command upon completion of this assignment or before (*date*), whichever comes first.

9. (*Provider's name*) is known to be clinically competent to practice the full scope of privileges granted at (*sending facility*), to satisfactorily discharge his or her professional obligations, and to conduct himself or herself ethically, as attested to by (*name and telephone number of person personally*

acquainted with the provider's professional and clinical performance). (*Name of person giving recommendation*) has or does not have additional information relating to (*provider's name*) competence to perform granted privileges. (When additional information exists, the gaining facility must be instructed to communicate with the point of contact for the purpose of exchanging the additional information.)

10. Provider's ICF and the documents contained therein have been reviewed and verified as indicated above. The information conveyed in this letter/message reflects credentials status as of (*date*). (Choose from the following sentence formats, or variations thereof, to describe the presence/absence of additional information in the ICF:) (1) The ICF contains no additional information relevant to the privileging of the provider in your MTF; or (2) The ICF contains additional relevant information regarding status of current license; or (3) The ICF contains additional relevant information that may reflect on the current competence of the provider. Contact this command for further information before taking appointing and privileging action.

11. POC: *Name, title, phone number, fax number*.

12. Reserve or Guard HCPs: (*Provider's name*) Currently holds privileges in (*specialty*) at (*hospital name, address*). Provider may be reached at (*mailing address, home phone, office phone*). (Ensure this information is accurate before sending.)

13. Certified By:

_____ _____

Commander Date

Appendix O

SAMPLE FORMAT CREDENTIALS AND PRIVILEGING INQUIRY

6320
(*Date*)

From: (*Privileging Authority*), (*address*)
To: Facility holding privileges (Attn: Professional Affairs Office)
Subj: CREDENTIALS/PRIVILEGING INQUIRY REGARDING (practitioner's name specialty, department, position)
Encl: (1) Release of Liability Authorization Signed by Practitioner

1. General Information. (*Practitioner's name*) has authorized in enclosure (1) this inquiry concerning his or her current practice at your facility. Please provide the information requested below and return this letter to the professional affairs coordinator, (*insert address*).

2. Scope of Care

a. A copy of the practitioner's privileges held ar your facility.

b. Volume data for past 2 years

(1) # of admissions or outpatient encounters....._____

(2) # of days unavailable due to TAD, deployment, etc....._____

(3) # of major or selected procedures....._____

3. Current Competence

a. Professional (past 2 years).

(1) Surgical/invasive/noninvasive case reviews._____

_____

_____

(2) Blood usage review._____

_____

_____

(3) Drug usage evaluation._____

_____

_____

(4) Medical record pertinence review._____

_____

_____

(5) Medical record peer review. _____# Reviewed _____ # deficient

_____

_____

b. Facility-wide monitors (past 2 years)(*circle appropriate mark*)

(1) Utilization review. Sat Unsat

(2) Infection control.Sat Unsat

(3) Patient contact/satisfaction program. Sat Unsat

_____ (4) Number of liability claims, investigations, and health care reviews in which practitioner was principle focus.

c. Professional development (past 2 years).

_____ (1) # of continuing education credit hours

_____ (2) # of papers published and professional presentations

d. Evaluation (*circle appropriate mark*).

(1) Basic professional knowledge. Sat Unsat Not Obs
(2) Technical skill and competence. Sat Unsat Not Obs
(3) Professional judgement. Sat Unsat Not Obs
(4) Ethical conduct. Sat Unsat Not Obs
(5) Practitioner-patient relations. Sat Unsat Not Obs
(6) Participation in staff, department, committee meetings. Sat Unsat Not Obs
(7) Ability to work with peers and support staff. Sat Unsat Not Obs
(8) Ability to supervise peers and support staff. Sat Unsat Not Obs

4. Health Status Inquiry. Required modification of practice due to health status (*Indicate yes or no*.)

5. Adverse Actions or Trends. If the answer to any of the following is "Yes", pertaining to your facility only, provide full details on a separate sheet of paper and attach to this letter. Identify items by section and letter.

To your knowledge, has the practitioner: (*Indicate yes or no*)

_____ a. Had privileges adversely denied, suspended, limited, or revoked?

_____ b. Had privileges nonadversely reduced?

_____ c. Required counseling, additional training, or special supervision?

_____ d. Failed to obtain appropriate consultation?

_____ e. Had significant trends (positive or negative) in clinical performance identified through the facility occurrence screening program or other monitors?

6. Summary Recommendation. (*Place "X" by appropriate paragraph*)

_____ a. I recommend this practitioner without reservation for appointment to your professional staff.

_____ b. I recommend with comments (see additional sheet.)

_____ c. I do not recommend this practitioner.

7. Point of Contact. Thank you for your objective response to these questions. On a separate sheet of paper, please provide your candid evaluation of this practitioner's clinical competency, as you have observed, and any other comments that will assist in this evaluation. If you have any questions or comments about this inquiry, my point of contact is *name, address, and telephone number*.

Signature_____

Appendix P

There is no Appendix P

Appendix Q

SAMPLE FORMAT REQUEST TO EXERCISE CLINICAL PRIVILEGES

(*Date*)

From: *Grade/Name/Service/SSN/Designator of Practitioner*
To: *Privileging authority for gaining command*

Subj: REQUEST FOR AUTHORITY TO EXERCISE CLINICAL PRIVILEGES

Ref: (a) BUMEDINST 6320.66B
(b) BUMEDINST 6010.17A

Encl: (1) Credentials and Privileging Information on Health Care Practitioners, appendix N (CTB)

1. Per reference (a) and based on the active staff appointment with clinical privileges granted by (*holder of ICF*) as documented in enclosure (1), I respectfully request authority to exercise my core privileges in (*gaining facility*) for the period _____ to _____.

2. If granted subject authority, I agree to comply with reference (b) and the policies and procedures of (*gaining facility*).

_____
Signature

DEPARTMENT HEAD ENDORSEMENT

(*Date*)

From: Head, (*gaining*) Department
To: *Privileging authority for gaining facility*

1. Following review of enclosure (1) and an interview with (*practitioner*), I recommend he or she be authorized to exercise clinical privileges as requested.

_____
Signature

PRIVILEGING AUTHORITY'S ACTION (gaining facility)

(*Date*)

1. Approved_____ Disapproved_____

2. Expiration date: _____

_____
Signature

Copy to:
Department Head
Professional Affairs Coordinator
Chair, Credentials Committee/ECOMS/ECODS

Appendix R

INDIVIDUAL CREDENTIALS FILE - STRUCTURE AND CONTENTS

1. A six section (Federal Stock Number 7530-00-990-8884) individual credentials file (ICF) shall be maintained for each health care practitioner including contract or partnership providers from the time of accession or employment throughout the practitioner's tenure with the DON. The ICF in its entirety, folder included, will be forwarded following the procedures listed in section 4.

2. The ICF will be structured as follows with each section listed from bottom to top of section:

a. Section I. Background Information (inside front cover).

(1) Photograph. A representative, recent photograph (official Navy photograph, passport, or polaroid photograph), labeled with the practitioner's name and date taken, to be submitted with the initial PPIS. Photograph shall be updated as necessary to enable positive, visual identification of the practitioner.

(2) Appendix J, PPIS. All updates, in chronological order, with the most recent on top.

(3) The computer disc, if used to maintain the PPIS.

(4) Appendix I, Privacy Act Statement.

b. Section II. Current Practice Information.

(1) A copy of appendix N (CTB), attached to the PAR received upon completion of TAD, for all TAD completed during the current permanent duty assignment shall be inserted in chronological order.

(2) All clinical privileges granted by the current privileging authority. The appropriate privilege sheets, appendices E through H, the Application for Professional Staff Appointment with Clinical Privileges with endorsements, appendix K, and any associated PARs (with related JAGMAN summaries attached) shall be stapled together, maintained as a unit, and filed chronologically with the most current on top.

c. Section III. Professional Education and Training.

(1) Qualifying degree; evidence of qualifying degrees needed for the performance of clinical privileges; e.g., MD, DO, DDS, DMD, PhD, and MSW. For physician graduates of foreign medical schools, other than approved schools in Canada and Puerto

Rico, evidence of passing either the FMGEMS or the examination of the ECFMG constitutes evidence of the qualifying degree. Verification must be attached to the document.

(2) Evidence of postgraduate training (e.g., internship, residency, fellowship, nurse anesthesia) in chronological order with the most recent on top. Verification must be attached to each document. Verification of Navy inservice, but not outservice, training program completion is not required if a copy of the training certificate, official letter of program completion, or similar documentation has been obtained.

(3) National or American specialty board certifications with verification attached. National Board of Medical Examiner certificates are not required in the ICF.

d. Section IV. Licensure and State and National Certification. Evidence of all State licenses or certifications (e.g., CCNA or CRNA for nurse anesthetists, NCCPA for physician assistants, and ACSW for social workers) held within the last 10 years, in chronological order, with verification attached. Current licenses or certifications shall be on top.

e. Section V. Professional Experience. Letters of reference, including responses to credential and privilege inquiries, previous privileges with all associated documents (applications, endorsements, and PARs attached), previous appendix Ns (with associated PARs attached), and documentation of training specifically supporting the granting of supplemental privileges shall be filed chronologically with the most recent on top.

f. Section VI. Other Practice Information. All information is to be filed in chronological order with most recent on top.

(1) Documentation of any, military or civilian, adverse privileging actions and reportable misconduct. Disciplinary actions by professional regulatory agencies.

(2) Documentation of all medical malpractice claims, settlements, or judicial or administrative adjudications with a brief description of the facts of each case.

(3) Inquiries with responses to professional clearing houses, as appropriate; e.g., Federation of State Medical Boards and National Practitioner Data Bank. For physicians and dentists in the Navy health care system on the effective date of this instruction, reports from the Federation of State Medical Boards or National Practitioner Data Bank, or equivalent, shall be obtained at intervals not to exceed 2 years.

Appendix S

INDIVIDUAL PROFESSIONAL FILE - STRUCTURE AND CONTENTS

1. A six section (Federal Stock Number 7530-00-990-8884) individual professional file (IPF) shall be maintained for each naval clinical support staff member including contract or partnership providers from the time of accession or employment throughout the member's tenure with the DON. The IPF in its entirety (folder included) must be established, maintained, and transmitted following the procedures listed in section 3 and paragraphs 3 and 5 of section 4.

2. The IPF must be structured as follows with each section listed from bottom to top of section:

a. Section I. Background Information (inside front cover).

(1) Photograph: A representative, recent photograph (official Navy photograph, passport, or Polaroid photograph), labeled with the provider's name and date taken, to be submitted with the initial PPIS. Photograph shall be updated as necessary to enable positive, visual identification of the practitioner.

(2) Appendix J, PPIS. All updates, in chronological order, with the most recent on top. Nurse specialists may use applicable pages from appendix J.

(3) The computer disc, if used to maintain the PPIS.

(4) Appendix I, Privacy Act Statement.

b. Section II. Current Practice Information. All clinical appraisal reports by the current duty station, filed chronologically with the most current on top.

c. Section III. Professional Education and Training.

(1) Qualifying degree; evidence of qualifying degrees (e.g., BS, BSN, and diploma from a nursing education program). Verification must be attached to the document.

(2) Evidence of postgraduate training in chronological order with the most recent on top. Verification must be attached to each document.

d. Section IV. Licensure and Certification. Evidence of all State licenses or State certifications (e.g., RN for nurses and RPh for pharmacists) with verification attached held within the last 10 years, in chronological order. When certifications are required, instead of license, verification is required.

Clinical support staff nursing certifications that are not equivalent to licensure, do not have to be independently verified. Current licenses or certifications shall be on top.

e. Section V. Professional Experience. Letters of reference, including responses to inquiries and previous clinical appraisal reports, shall be filed chronologically with the most recent on top.

f. Section VI. Other Practice Information. All information shall be filed in chronological order with most recent on top.

(1) Documentation of any military or civilian adverse clinical actions or reportable misconduct. Disciplinary actions by professional regulatory agencies.

(2) Documentation of all medical malpractice claims, settlements, or judicial or administrative adjudications with a brief description of the facts of each case.

(3) Inquiries with responses to professional regulatory agencies.